

## **OFFICIAL FAMILY LIST**

Please complete all information and return to PO Box 83720, Boise, ID 83720-0031 or email <a href="mailto:tracy.english@finance.idaho.gov">tracy.english@finance.idaho.gov</a>.

Credit Union:				
Mailing Addre	ess:			
Phone Number	er:	Website:		
Name/Title	of Manager: _			
Email:		Direct Lin	ie or Cell#	
GoWest Mem	ber (Y/N):			
Informatio	n for the Ser	VICE OF GARNISHMENTS:		
Contact Name	e/Title:			
Address at wh	ich garnishment	papers must be served (if they i	may be served at any branch	n, please indicate):
OFFICERS RE	SPONSIBLE FOR	(IF APPLICABLE):		
		<u>Name</u>	<u>Title</u>	
Operations	-			
Credit Admir	n/Lending			
Accounting	-			
BOARD OF D	IRECTORS:			
<u>Title</u>	<u>Name</u>	Home Mailing Add	ress/City, State Zip	<u>Phone</u>
Chair:				
Email:				
Vice-Chair:				
Secretary:				
Treasurer:				_
Director:				

Director:			
Director:			
Supervisor	RY COMMITTEE:		
<u>Title</u>	<u>Name</u>	Home Mailing Address/City, State Zip	<u>Phone</u>
Chair:			
Member:			