

## **Change of Personal Information**

Do these changes apply to other HFCU members in the household? Yes No (please circle)  If yes, please list the name(s) of the member(s) these changes apply to:  Do you have an HFCU Wire Agreement on file? Yes No (please circle)  Do you have an HFCU IRA account? Yes No (please circle)  Do you have a HFCU Bill Payer? Yes No (please circle)  Old Address:  Old Phone #:  Old Email:  New Mailing Address:  Physical Street Address:  New/Additional Phone #:  New Email:  Effective date of change:  Member Signature:  Date:	Member Name:				
If yes, please list the name(s) of the member(s) these changes apply to:  Do you have an HFCU Wire Agreement on file? Yes No (please circle) Do you have an HFCU IRA account? Yes No (please circle)  Do you have a HFCU Bill Payer? Yes No (please circle)  Old Address:  Old Phone #: Old Email:  New Mailling Address:  *If your mail is being sent to a PO Box, please include your physical street address.  Physical Street Address:  New/Additional Phone #: New Email:  Effective date of change:  Member Signature: Date:  For HFCU Use Only: Employee and Date Received:	Account Number(s):				
Do you have an HFCU IRA account?  Yes No (please circle)  Do you have a HFCU Bill Payer?  Yes No (please circle)  Old Address:  Old Phone #:  Old Email:  New Mailing Address:  *If your mail is being sent to a PO Box, please include your physical street address.  Physical Street Address:  New/Additional Phone #:  New Email:  Effective date of change:  Member Signature:  Date:  For HFCU Use Only: Employee and Date Received:	•			s No	(please circle)
Do you have a HFCU Bill Payer? Yes No (please circle)  Old Address:  Old Phone #:  Old Email:  New Mailing Address:  *If your mail is being sent to a PO Box, please include your physical street address.  Physical Street Address:  New/Additional Phone #:  New Email:  Effective date of change:  Member Signature:  Date:  For HFCU Use Only: Employee and Date Received:	Do you have an HFCU Wire Agreement on file?	Yes	No	(please circle)	
Old Phone #: Old Email: New Mailing Address:  *If your mail is being sent to a PO Box, please include your physical street address. Physical Street Address:  New/Additional Phone #: New Email: Effective date of change: Member Signature: Date:  Date:  For HFCU Use Only: Employee and Date Received:	Do you have an HFCU IRA account?	Yes	No	(please circle)	
Old Phone #: Old Email:  New Mailing Address:  *If your mail is being sent to a PO Box, please include your physical street address.  Physical Street Address:  New/Additional Phone #: New Email:  Effective date of change:  Member Signature:  Date:  For HFCU Use Only: Employee and Date Received:	Do you have a HFCU Bill Payer?	Yes	No	(please circle)	
Old Email:  New Mailing Address:  *If your mail is being sent to a PO Box, please include your physical street address.  Physical Street Address:  New/Additional Phone #:  New Email:  Effective date of change:  Member Signature:  Date:  For HFCU Use Only: Employee and Date Received:	Old Address:				
New Mailing Address:  *If your mail is being sent to a PO Box, please include your physical street address.  Physical Street Address:  New/Additional Phone #:  New Email:  Effective date of change:  Member Signature:  Date:  Date:  Employee and Date Received:	Old Phone #:				
*If your mail is being sent to a PO Box, please include your physical street address.  Physical Street Address:  New/Additional Phone #:  New Email:  Effective date of change:  Member Signature:  Date:  For HFCU Use Only: Employee and Date Received:	Old Email:				
Physical Street Address:  New/Additional Phone #:  New Email:  Effective date of change:  Member Signature:  Date:  For HFCU Use Only: Employee and Date Received:	New Mailing Address:				
New Email:  Effective date of change:  Member Signature:  Date:  For HFCU Use Only: Employee and Date Received:		•			
Effective date of change:  Member Signature:  Date:  For HFCU Use Only: Employee and Date Received:	New/Additional Phone #:				
Member Signature:  Date:  For HFCU Use Only: Employee and Date Received:	New Email:				
Date:  For HFCU Use Only: Employee and Date Received:	Effective date of change:				
For HFCU Use Only: Employee and Date Received:	Member Signature:				
For HFCU Use Only: Employee and Date Received:	Date:				
Member DL Number, Issue and Expiration:	For HFCU Use Only:				
	Member DL Number, Issue and Expiration:				
Documentation Verification and Document Copy scanned Date:  Second Verifier:		py scanned [	Oate:		

Revised 7/16/2020

If member has moved out of the area, the form can be mailed to member. The member is required to get the form notarized at their expense.

Member may also update their address through Net Teller. HFCU's secure online banking system.