



Member Numbers		Change For	SSN	DOB (MM/DD/YYYY)
<input type="checkbox"/> Primary		<input type="checkbox"/> Self		
<input type="checkbox"/> Joint		<input type="checkbox"/> All Accounts		

Change of Information | Name and/or Address Change

Use this form to change/update the personal information of the member.

Please remember that branch staff will need to review and approve this application before changes can go into effect. Fill out with black or blue ink only.

Section A | Name Change

Please fill out all information accurately.

My Old Name	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> I do not wish to disclose	(Last, First, M)
My New Name	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> I do not wish to disclose	(Last, First, M)

Acceptable Documents for Name Change(s)
<p>Full Name Change (Please provide one from each category.)</p> <p>1. Photo ID with new name</p> <ul style="list-style-type: none"> • State or Government-Issued Photo ID <p>2. Additional document with new name</p> <ul style="list-style-type: none"> • Court Document (Original or Certified copy)

Section B | Address Change

Please fill out all information accurately.

My Old Address			
Home Address: Street	City	State	Zip Code
Cannot be a Post Office Box			
Mailing Address: Street	City	State	Zip Code
If different from address above.			
My New Address			
Home Address: Street	City	State	Zip Code
Cannot be a Post Office Box			
Mailing Address: Street	City	State	Zip Code
If different from address above.			

Member Name (Please print name):	Member Signature:	Date:
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For Office Use Only		
Please check off which documents were used to Accept the Name Change:		
<input type="checkbox"/> State or Government-Issued Photo ID <input type="checkbox"/> Original or Certified Court Document		
HFCU Representative (Please print name):	HFCU Representative Signature:	Date: