



**MEMBER CHANGE OF ADDRESS FORM**

Mail completed forms to:  
HOCU  
PO Box 50005  
Honolulu, HI 96850

INDIVIDUAL(S)	MEMBERSHIP NUMBER(S)
Primary Member: Click here to enter text.	Provide the last 4 digits of the membership numbers
Joint Member: Click here to enter text.	Click here to enter text.
Joint Member: Click here to enter text.	

**New Residence Address**

Address: Click here to enter text.

City: Click here to enter text.                      State: Click here to enter text.    Zip Code: Click here to enter text.

**New Mailing Address**                                       Check here if same as above

Address: Click here to enter text.

City: Click here to enter text.                                      State: Click here to enter text.    Zip Code: Click here to enter text.

**New Phone Numbers**

Home: Click here to enter text.                      Business: Click here to enter text.                      Cell: Click here to enter text.

Email Address: Click here to enter text.

I authorize Honolulu Federal Credit Union to change the address for all individual(s) and membership number(s) listed above. ALL future correspondence will be sent to the address listed above. **(Forms submitted without a signature will not be accepted)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Credit Union use only**

Received by:  In branch     Mail     Fax     Email     Other

Date Received: Click here to enter text.

Verified ID Click here to enter text. Valid in branch only (initial)    Verified Signature Click here to enter text. (initial)

Visa:  Yes     No                      Mortgage:  Yes     No                      IRA:  Yes     No

Update completed by: Click here to enter text. (Employee Name)    Date: Click here to enter text.

Manager/Supervisor verified: Click here to enter text. (Employee Name)    Date: Click here to enter text.