



MEMBER CHANGE OF ADDRESS FORM

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

INDIVIDUAL(S)	MEMBERSHIP NUMBER(S)
Primary Member: Joint Member: Joint Member:	Provide the last 4 digits of the membership numbers

New Residence Address:		
Address:		
City:	State:	Zip Code:

New Mailing Address	<input type="checkbox"/> Check here if same as above	
Address:		
City:	State:	Zip Code:

New Phone Numbers		
Home:	Business:	Cell:
Email Address:		

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: <input type="checkbox"/> In branch <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other			
Date Received:			
Verified ID		Valid in branch only (initial) Verified Signature (initial)	
Visa: <input type="checkbox"/> Yes <input type="checkbox"/> No		Mortgage: <input type="checkbox"/> Yes <input type="checkbox"/> No IRA: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Update completed by:		(Employee Name) Date:	
Manager/Supervisor verified:		(Employee Name) Date:	