

## CHANGE OF ADDRESS/NAME FORM

Name: \_\_\_\_\_

Former Name (if applicable): \_\_\_\_\_

Old Address: \_\_\_\_\_

\_\_\_\_\_

Old Phone #: \_\_\_\_\_

Old Email Address: \_\_\_\_\_

New Address (If this is a PO Box, please be sure to include a physical address as well): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

New Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

New Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Account #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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

(Date)

**Please complete all fields and a copy of the primary members Driver's License must accompany this form.**

*NOTE: Name changes must be submitted with supporting documentation (i.e., Marriage Certificate, Divorce Decree, etc.).*

**So we accurately update all of your files, check any of the following services that you have:**

- Savings     Checking     CD
- ATM     Debit Card
- VISA Credit Card
- Loan
- Online Banking     Bill Payment
- eStatements
- IRA

For Credit Union Use Only	Employee Signature and Date
Updated Summit System	
Updated STAR (if necessary)	
Updated Covera	
Updated Loan Platform	
Updated First Data/iPay	
Updated BIT	
Updated CUNA	
<b><i>Be sure to return to Member Services Specialist for filing</i></b>	

*Deliver, mail, or fax this form and supporting documents to Healthcare Employees FCU:*

**29 Emmons Drive ★ Suite C40 ★ Princeton, NJ 08540**

**Phone: (609) 951-0700 ★ Fax: (609) 275-4194**

**[www.hefcu.com](http://www.hefcu.com) ★ [hefcu@hefcu.com](mailto:hefcu@hefcu.com)**