

CHANGE OF ADDRESS/NAME FORM

Primary Account Name: _____

Former Name (if applicable): _____

Joint Account 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)

Please apply this address to:

- ☐ Primary Mbr only
☐ Joint Mbr only ☐ Both

New Phone #: _____ Cell Phone #: _____

New Email Address: _____

Employer: _____

Account #: _____ Social Security #: _____

Signature of Primary Account owner: _____ (Date)

Signature of Joint Account owner (if applicable): _____ (Date)

Please complete all fields, sign and send back with a copy of your Driver's License(s) and/or other supporting documents.

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 BranchSuite	
Updated Fiserv Debit (if necessary)	
Updated Covera	
Updated Loan Platform	
Updated OLB	
Updated BIT	
Updated CUNA	
Be sure to return to Member Services Specialist for filing	

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) 651-8742

www.hefcu.com ★ hefcu@hefcu.com