



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) 275-4194

www.hefcu.com ★ hefcu@hefcu.com