

Address Change Verification Form

Note: Must be a primary or joint owner on the membership's primary savings account to request a change of address.

Primary Member Name: _____ Member #: _____

Do you have a HTFFFCU Visa or MasterCard Credit Card? Yes No

Do you want your credit card(s) statement mailed to the new address? Yes No

Old Address Information

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone #: _____

New Address Information

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

Email: _____

Mailing Address (if different than home address)

Address: _____

City: _____ State: _____ ZIP: _____

List any members you would like the new address applied to: (i.e. spouse, children, siblings....):

Member Name: _____ Member #: _____

Member Name: _____ Member #: _____

Member Name: _____ Member #: _____

Member Name: _____ Member #: _____

Member Name: _____ Member #: _____

Member Signature: _____ Date: _____

FOR CREDIT UNION USE ONLY

Accepted By: _____ Date: _____

Processed In Eypsis By: _____ ClientLink: _____ Date: _____

Teller #

Teller #

