



## Change Of Address Request

Please note, NIHFCU requires a physical address on file even if mail is being sent to a P.O. Box.

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

Member Name(s): \_\_\_\_\_

**Previous Address:**

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**New Address:**

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Effective Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

New Home Phone: \_\_\_\_\_ New Work Phone: \_\_\_\_\_

Driver License #: \_\_\_\_\_

**Alternate Address:**

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**X** \_\_\_\_\_  
Member Signature Date

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### Credit Union area only

Supervisor Initials: \_\_\_\_\_

ID Type # 1: \_\_\_\_\_

ID Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**X** \_\_\_\_\_  
NIHFCU Associate Signature Date NIHFCU Associate Print Name

To submit, please fax or mail completed and signed form along with any requested support documentation to:

**NIHFCU Attention: Operations Department**

Fax: **301-770-5372**

Mail: **P.O. Box 6475 Rockville, MD 20849-6475**

Or, you may drop this form off at any NIHFCU branch location