



Change Of Member Contact Information

Please note, NIHFCU requires a physical address be kept on file if mail is being sent to a P.O. Box.
A separate Change of Member Contact Information form must be completed for each separate member number.

Account #: _____ Date: _____

Member Name(s): _____

Previous Address:

Street Address: _____

City/State/Zip: _____

New Address: Effective Date: _____

Street Address: _____

City/State/Zip: _____

E-Mail Address: _____

Home Phone: _____ Cell Phone: _____

Driver License #: _____ State: _____ Exp. Date: _____

It is suggested that Members who are Visiting Fellows of NIH, Students, and/or are at their current resident on a temporary basis provide an Alternate Address. In these cases, do not enter a start and end date.

Alternate Address:

Street Address: _____

City/State/Zip: _____

Start Date: _____ End Date: _____

Current Employment:

Employer: _____ Occupation: _____

Work Phone: _____

X

Member Signature

Date

Credit Union area only

ID Type # 1: _____ ID Number: _____ Exp. 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