



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:

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

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