

## For your account's security, Big Island Federal Credit Union requires all address changes requested outside of a branch be submitted in writing with a <u>notarized signature</u> by an authorized signer on the account.

As a convenience, below you will find a "Change of Address Request" form. Please mail this completed and notarized form to the credit union if you wish to change the mailing address on your account.

## Address Changes can also be completed Online via our Online Branch.

Feel free to contact our member service department with any questions at 935-9778. We would like to take this opportunity to thank you for your membership with Big Island Federal Credit Union.

CHANGE OF ADDRESS FORM					
MEMBER NAME	ACCOUNT NO.		SSN (CU USE ONLY)		
OLD INFORMATION – CREDIT UNION USE ONLY		NEW INFORMATION			
PRIMARY (MAILING) ADDRESS		PRIMARY (MAILING) ADDRESS			
		Physical address			
		<u>E-MAIL</u>			
HOME PHONE		HOME PHONE			
CELLULAR NO.		CELLULAR NO.			
ALTERNATE NO.		ALTERNATE NO.			
EMPLOYER	OCCUPATION	EMPLOYER	OCCUPATION		
WORK PHONE		WORK PHONE			
PHONE PASSWORD	MMN	PHONE PASSWORD	MMN		
MEMBER NOTARIZED SIGNATURE		DATE	•		
CREDIT UNION USE ONLY					
CAN#	SIGNATURE VERIFIED? 🗆 YES	YES INO CORRESPONDENCE SENT? I YES I NO			
	PORTICO: MESSAGE UPDATED?	□ YES □ NO MAIL CODE UPDATED?			
CHANGED BY	DATE	VERIFIED BY	DATE		
MSR II ONLY					
OLB? YES 🛛 NO 🗆	CHANGED BY DATE	VERIFIED BY	DATE		
BILL PAY? YES 🗉 NO 🗆	CHANGED BY DATE	VERIFIED BY	DATE		
LOAN DEPARTMENT ONLY					
VISA? YES 🗆 NO 🗆	CHANGED BY DATE	VERIFIED BY	DATE		

REVISED 2023/07

STATE OF	)
	) SS:
COUNTY OF	)

On \_\_\_\_\_\_, before me personally appeared \_\_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that \_\_\_\_\_ executed the same in \_\_\_\_\_ authorized capacity, and that by \_\_\_\_\_ signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Print Name:
Notary Public, State of
Judicial Circuit
My commission expires:
My commission no

NOTARY CERTIFICATION	
Doc. Description: Change of Address Form	
Date of Document: # Pages:	
Date of Notarization:	
Notary Public Signature Print Name:	
Notary Public, State of, Circuit	
Notary Commission No.	(Stamp or Seal)