



For your account's security, Big Island Federal Credit Union requires all address changes to be requested in writing and signed by an authorized signer on the account.

As a convenience, below you will find a "Change of Address Request" form. Please mail or fax this completed and signed form to the credit union if you wish to change the mailing address on your account. Please include your new phone number(s) as well.

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.	
OLD INFORMATION		NEW INFORMATION	
<u>PRIMARY ADDRESS</u>		<u>PRIMARY ADDRESS</u>	
PHYSICAL ADDRESS		PHYSICAL ADDRESS	
<u>E-MAIL</u>		<u>E-MAIL</u>	
<u>HOME PHONE</u>		<u>HOME PHONE</u>	
<u>CELLULAR NO.</u>		<u>CELLULAR NO.</u>	
ALTERNATE NO.		ALTERNATE NO.	
EMPLOYER	OCCUPATION	EMPLOYER	OCCUPATION
WORK PHONE		WORK PHONE	
PHONE PASSWORD		PHONE PASSWORD	
MEMBER SIGNATURE		DATE	
CREDIT UNION USE ONLY			
CAN#	SIGNATURE VERIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		CORRESPONDENCE SENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
	MESSAGE UPDATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAIL CODE UPDATED? <input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> D
CHANGED BY	DATE	VERIFIED BY	DATE
DOES MEMBER HAVE A VISA? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, FORWARD CHANGE OF ADDRESS FORM TO VISA DEPARTMENT			
CHANGED BY	DATE	VERIFIED BY	DATE

Revised 2019/11