

ADDRESS CHANGE AUTHORIZATION

I hereby authorize the following change of address to be made effective:

DATE _____ MEMBER _____ ACCOUNT NUMBER _____

STREET/ P.O. BOX (IF USING A P.O. BOX YOU MUST ALSO PROVIDE YOUR PHYSICAL ADDRESS) _____

CITY _____ STATE _____ ZIP CODE _____

AREA CODE _____ HOME PHONE NUMBER _____ AREA CODE _____ WORK PHONE NUMBER _____

AREA CODE _____ CELL PHONE NUMBER _____

EMAIL ADDRESS _____ (PLEASE WRITE CLEARLY)

***FOR SECURITY PURPOSES PLEASE PROVIDE THE FOLLOWING INFORMATION:**

CREDIT UNION NOTIFICATION BY: _____ MAIL OR _____ IN PERSON

***IF NOTIFYING IN PERSON PLEASE COMPLETE 1 - 3
***IF NOTIFYING BY MAIL COMPLETE ALL INFORMATION LISTED BELOW

1.) PRIMARY MEMBERS DATE OF BIRTH: _____

2.) PRIMARY MEMBERS LAST 4-DIGITS OF SSN #: _____

3.) PRIMARY MEMBERS MOTHER'S MAIDEN NAME: _____

4.) PLEASE PROVIDE THE LAST 8 DIGITS OF YOUR ATM OR DEBIT CARD: _____

5.) IS THIS IS AN INDIVIDUAL OR A JOINT ACCOUNT? _____

IF THIS IS A JOINT ACCOUNT PLEASE COMPLETE THE FOLLOWING INFORMATION:

*Joint Account Members Name: _____ *Joint Account Members DOB: _____

IN ORDER FOR THE CREDIT UNION TO PROCESS THIS REQUEST ALL INFORMATION MUST BE COMPLETED TO HELP US HELP YOU TO PREVENT FRAUD ON YOUR ACCOUNT

PRIMARY MEMBER'S SIGNATURE _____

(FOR OFFICE USE ONLY)

PLEASE ENSURE YOU HAVE ENTERED THE FOLLOWING INFORMATION:
_____ ADDRESS UPDATED ON MP SCREEN, ALL PHONE NUMBERS ENTERED, MOTHER'S MAIDEN NAME ENTERED, AND DRIVER'S LICENSE ENTERED
_____ ATTN MSG NOTED: ADDR CHG (DATE) NO NEW DEBIT CRD ISSUED FOR 30 DAYS AND YOUR INITIALS, (REMOVE AFTER 30-DAYS)
_____ UPDATE ADDR ON CLIENT CENTRAL (DEBIT/ATM CARDS, PRINT RECORD W/CHANGES FOR FILE)
_____ ALL RISK INFORMATION ENTERED AND UPDATED ON CLIENT CENTRAL (PRINT FOR FILE)
_____ DOES MEMBER HAVE AN IRA ACCOUNT WITH HOTFCU? _____ Y OR _____ N (IF YES UPDATE NEW ADDR WITH CUNA MUTUAL-IRA DIRECT
_____ VERIFY SIGNATURE ON FILE FOR ALL ADDRESS CHANGE AUTH. BY MAIL

EMPLOYEE SIGNATURE _____ TLR # _____ DATE _____