



## Change of Address Request

Please note that HFFCU requires a physical address on file even if mail is being sent to a P.O. Box.

Account #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Member Name(s): \_\_\_\_\_

### Previous Address

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### New Address

Physical Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Phone:** Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

### Statements

Mail       Do Not Mail       Electronic Statements\*

\*Email Address: \_\_\_\_\_

### Temporary Address

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
**Credit Union Area Only**

Request Received by: \_\_\_\_\_ Date: \_\_\_\_\_ ID Type: \_\_\_\_\_

ID Number: \_\_\_\_\_

Request Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

To submit, please fax or mail completed and signed form along with any requested support documentation to:

**HFFCU Attention: Member Service Department**

**Fax: 843-667-0872**

**Mail: 501 S. Irby St., Florence, SC 29501**

Or, you may drop this form off at HFFCU branch location