

**CHANGE OF ADDRESS**

Membership Number(s): \_\_\_\_\_

Change Address for Primary – Check Box

Primary Member Name: \_\_\_\_\_

Change Address for Joint – Check Box

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

Primary Physical Address: (Not a P.O. Box)

\_\_\_\_\_  
\_\_\_\_\_

Joint Physical Address: (Not a P.O. Box)

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address: (May be a P.O. Box)

\_\_\_\_\_  
\_\_\_\_\_

Joint Mailing Address: (May be a P.O. Box)

\_\_\_\_\_  
\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

*I understand that by signing below I am authorizing Holy Rosary Credit Union to change the information contained on this form.*

\_\_\_\_\_  
**Member Signature**

FOR CREDIT UNION USE ONLY

**Must be able to correctly answer at least 2 questions:** (For Phone Verification Use Only)

**Basic Account Info:**

- Year Account Opened
- Joint Owner Info (DOB, Name)
- Mother's Maiden Name
- Types of Suffixes Available

**EFT Access:**

- Date of Last HB Login
- Last Bill Paid w/ Bill Pay
- Last POS Trans. w/ Debit
- Last Amount of ATM Trans.
- Amt. of Payroll/ Allotment

**Extended Credit: (Loans)**

- Collateral Info (yr, make, model)
- Regular Payment Amt. or Payment Day
- Payment Frequency
- Last Payment Date

Received Request By: (Circle One)

MAIL

FAX

IN PERSON

File Maintenance Completed By: (please initial)

Verified Member and Signature: \_\_\_\_\_

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

Exp. Date: \_\_\_\_\_

Member Profile Complete: \_\_\_\_\_

Comments added: \_\_\_\_\_

Checks and Plastics Updated: (please initial)

Liberty System Updated: \_\_\_\_\_

# \_\_\_\_\_, # \_\_\_\_\_, # \_\_\_\_\_

VISA: \_\_\_\_\_

Updated by: \_\_\_\_\_

IRA/HSA: \_\_\_\_\_

Updated by: \_\_\_\_\_

Taken By: \_\_\_\_\_

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