

**TOWN OF HEMPSTEAD EMPLOYEES  
FEDERAL CREDIT UNION  
MEMBER'S CHANGE OF INFORMATION FORM**

**Primary Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Member Number(s):** \_\_\_\_\_  
(affected by change)

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
(if different)  
\_\_\_\_\_

**Vacation/Alternate Address:** \_\_\_\_\_  
\_\_\_\_\_

From (MM/YY): \_\_\_\_\_ To (MM/YY): \_\_\_\_\_

Until further notice

One time change

**Please indicate primary phone number:**

**Home:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

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

**Please answer the following questions:**

For Credit Union Use Only

**Are you enrolled in Bill Payment?**      Yes      No      \_\_\_\_\_

**Do you have and IRA/Coverdell account?**      Yes      No      \_\_\_\_\_

**Primary Signature:** \_\_\_\_\_

**Joint Signature:** \_\_\_\_\_

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For Credit Union use only:

**Date Changed:** \_\_\_\_\_

**By Teller:** \_\_\_\_\_