



**HAWAII LAW
ENFORCEMENT**
FEDERAL CREDIT UNION

1936 South King Street
Honolulu, HI 96826
Phone: 808.973.4311
Fax: 808.949.0556
hlefcu.com

Change of Contact Information

Please complete the information below, sign, date and submit this form to the Credit Union. You may submit this form in person, by mail, or via DocuSign originated by the Credit Union. For your protection, please do not submit your Change of Contact Information form by unsecured e-mail.

Name:

Account #:

Street Address:

City:

State:

Zip Code:

Mailing Address (if different from physical):

Home Phone:

Work Phone:

Cell Phone:

E-Mail Address:

Please select the appropriate box below to acknowledge which accounts are to be updated:

Update all of my accounts

OR

Update the accounts listed below:

Signature

Date

Important Notice to Member(s): This form constitutes a change of contact information for the member-owner and joint owner(s). To protect our members from fraud, the Credit Union will not issue an additional or replacement credit or debit card within thirty (30) days of changing your contact information unless the following occurs:

- The Credit Union notifies the cardholder of the request by mail at the cardholder's former address;
- The Credit Union verifies the request by phone at a number listed on the account before any address and phone number maintenance was made; or
- The Credit Union verified the request in person by ascertaining your identity from a government-issued Identification.

For Credit Union Use Only:

Sig. Authenticated & Account Updated by (initials):	ID Check
Credit Card Updated By (date & initial):	
Mortgage Updated By (date & initial):	
IRA Updated By (date & initial):	
Reviewed by Supervisor/Manager (date & initial):	