



Houston Texas Fire Fighters Federal Credit Union

P. O. Box 70009 • Houston, TX 77270
www.htffcu.org

ADDRESS CHANGE VERIFICATION FORM

Note: Must be a primary or joint owner on the membership's primary savings account to request a change of address.

PRIMARY MEMBER NAME: _____

MEMBER NUMBER: _____

Do you have a HTFFCU Visa or Mastercard Credit Card? Yes No

NEW ADDRESS INFORMATION

HOME ADDRESS

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS)

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OLD ADDRESS INFORMATION

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

Check this box if you do not want your credit card(s) statement mailed to the new address.
Your credit card statement will be changed to the new address unless you state otherwise.

LIST ANY MEMBER NUMBERS YOU WOULD LIKE THIS NEW ADDRESS APPLIED TO: (i.e. spouse, children, siblings....).

_____	_____
_____	_____
_____	_____

MEMBER SIGNATURE: _____ DATE: _____

(CREDIT UNION USE ONLY)

ACCEPTED BY: _____ DATE _____

PROCESSED IN EPYSIS: _____ CLIENTLINK: _____ DATE: _____
(Teller#) (Teller#)