



Address Change Form

Member Name: _____

Account No: _____

Current Mailing Address

New Street: _____ Apt # _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Cell #: _____ Work #: _____

Employer: _____ Department: _____

I hereby request and authorize the above changes.

Member's Signature

Date

For Credit Union Use Only

Received by: In Person _____ Mail _____ Fax _____

Completed by: _____ Teller # _____ Date: _____

Please complete, print, sign, and send to:
Hotel and Travel Industry Federal Credit Union
Attn: Member Services Department
1600 Kapiolani Blvd., Suite #110 Honolulu, HI 96814
Ph: (808) 942-5115 Fax: (808) 942-4155