Change of Member Contact Information

NIH Federal Credit Union requires members who wish to change contact information to complete, sign and return this form. You may be contacted to verify the information provided. Please allow three to five business days from time of request for the changes to be applied.

MEMBER NAME: _____ JOINT OWNER NAME: _____ (If applicable)

MEMBER NUMBER(S) – ***Please include primary and any applicable joint accounts to be updated:***

Primary Member Number: _____

Joint Account(s): _____ _____ _____ _____

Previous Contact Information (change from):	New Contact Information (change to):
Street Address:	Street Address:
City, State, ZIP code:	City, State, ZIP code:
	P.O. Box (must provide physical street address above)
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Personal Email Address:	Personal Email Address:

Member Signature: _____ Date: _____

IMPORTANT – This change request does not apply to all NIHFCU services. Please note, the following:
*** To change contact information on your NIHFCU credit card**, please call 800.877.6440.
*** To change the email address for online banking (OLB) and delivery of electronic statements, disclosures and alerts,** log into OLB, click "My Profile," go to "Security Contacts" then click "Update". Enter your new email address and then click "Ok."

Please return this completed and signed form to:
*** By Mail:** NIH Federal Credit Union, Attn: Member Contact Center, PO Box 6475, Rockville, MD 20849-6475
*** By Fax:** 301.770.5372 Attn: NIHFCU Member Contact Center
*** In Person:** Stop by any NIHFCU branch location

For NIHFCU Internal Use Only

ID Type: Select One ID Number: _____ Exp. Date: _____

[ ] Contact information updated in system Email Address updated in DI: [ ] Yes [ ] No [ ] NA

_____ _____ _____
Staff Signature Initials Date