



Working together to create a stronger financial
future for all healthcare professionals.

Change of Address Request

Name: _____ Account #: _____

Current Address: _____

Current Phone: _____ Current Alt Phone: _____

Current email Address: _____

Select what is being changed:

☐ New Address: _____ City: _____ State: _____ Zip Code: _____

☐ New Phone: _____ New Alt Phone: _____

☐ New email Address: _____

☐ Change this account, along with all Other Accounts with BFFCU that I am listed as Primary Owner.

Mailing Address is the same as New Address?

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Do you have a Joint Owner, Trustee, Co-Trustee, Guardian or Co-Maker on this Account?

Alternate Account Owner's New Address: _____

City: _____ State: _____ Zip Code: _____

Alternate Account Owner's Current Phone: _____ Current Alt Phone: _____

Alternate Account Owner's Current email Address: _____

I, the undersigned, acknowledge that the information provided on this form is accurate and complete to the best of my knowledge. I authorize Befit Financial Federal Credit Union to update my account(s) with the new contact details provided. I understand that it is my responsibility to ensure that my contact information remains current to avoid disruptions in communication regarding my account(s). By signing below, I confirm that I have reviewed and agree to this update.

Account Owner Signature: _____ Date: _____