Hawaiian Financial
Federal Credit Union

MEMBER UPDATE FORM

*For questions or assistance, call 808-832-8700 or email us at *infomemberservices@hificu.com*.
*You may drop off at any Hawaiian Financial Credit Union Branch Location or mail to:
Hawaiian Financial FCU, ATTN: Member Services 1138 North King St., Honolulu, HI 96817
** For accounts with joint members – a separate Member Update Form must be completed for each member.

MEMBER INFORMATION

MEMBER NAME	SOCIAL SECURITY/TAXPAYER IDENTIFICATION NUMBER
UPDATE THE FOLLOWING ACCOUNT NUMBER(S)	EFFECTIVE DATE

RESIDENCE ADDRESS

PREVIOUS RESIDENCE ADDRESS (No P.O. Box) – **REQUIRED**	CITY	STATE	ZIP
NEW RESIDENCE ADDRESS (No P.O. Box) – **REQUIRED**	CITY	STATE	ZIP

MAILING ADDRESS

☐ *same as residence address*

PREVIOUS MAILING ADDRESS (If different from residence address)	CITY	STATE	ZIP
NEW MAILING ADDRESS (If different from residence address)	CITY	STATE	ZIP

CONTACT INFORMATION

HOME PHONE	WORK PHONE	CELL PHONE
EMAIL ADDRESS		
EMPLOYER	OCCUPATION	

AUTHORIZATION

SIGNATURE	DATE

FOR CREDIT UNION USE ONLY

☐ MAILED TO MEMBER TELLER: / DATE:	☐ RECEIVED IN PERSON ☐ RECEIVED BY MAIL ☐ NOTICE MAILED (*if applicable*)

SIGNATURE VERIFIED BY TELLER: / DATE:	PROCESSED BY TELLER: / DATE:	FINAL REVIEW BY TELLER: / DATE:

☐ ATM / DEBIT CARD	☐ CREDIT CARD	☐ IRA

REVISED 07/31/2026

NOTES: