



410-321-6060
 1-800-903-3328
 www.firstfinancial.org

Change of Address Request/ Account Information Change

Please complete this form and return it to us either via mail to 72 Loveton Circle, Sparks Glencoe, MD 21152 or in person at one of our branches. Please note that to change your name you must also provide a color copy of your updated Social Security Card or a non-expired State ID or Driver's License showing your new name. A change of address may also be completed online, while logged into your account, using the settings menu (Desktop: Select your name>Settings>Contact / Mobile: Select = More>Settings>Contact).

Account #: _____

Date: _____

Personal Information			
Name			
Address	City	State	Zip
<i>If changing to a P.O. Box, you must provide a physical address:</i>			
<i>Physical Address (if different from above)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Home Phone	Cell Phone	Work Phone	
Primary Email		Alternate Email	

Please replace: VISA Traditional Credit Card VISA Signature Credit Card VISA Debit Card Checks*

Please update the information on the additional account(s) below (i.e. Joint, Custodial, Trust, HSA, etc.)

Only authorized persons may make changes to an account.

Account #: _____

Check all that apply: *Change:* My Name Address for the Account *Replace:* VISA Traditional Credit Card VISA Signature Credit Card VISA Debit Card Checks*

Account #: _____

Check all that apply: *Change:* My Name Address for the Account *Replace:* VISA Traditional Credit Card VISA Signature Credit Card VISA Debit Card Checks*

Account #: _____

Check all that apply: *Change:* My Name Address for the Account *Replace:* VISA Traditional Credit Card VISA Signature Credit Card VISA Debit Card Checks*

Account #: _____

Check all that apply: *Change:* My Name Address for the Account *Replace:* VISA Traditional Credit Card VISA Signature Credit Card VISA Debit Card Checks*

Note: If name change, you must forward a copy of your updated Driver's License, State Issued ID, Social Security Card, or Letter from Social Security Administration reflecting your name change.

*Cost of check orders may vary and are subject to change without notice. Please contact us for pricing information.

I authorize First Financial Federal Credit Union to change the information on my account as shown above effective immediately.

Member's Signature X

FOR OFFICE USE ONLY			
<input type="checkbox"/> Ownership verified for additional accounts.	Completed by:	Date:	
ID Verification			
<input type="checkbox"/> ID Type:	#:		
Issued Date:	Expiration Date:	Place of Issue:	
Name Change Verification	<input type="checkbox"/> SS Card:	<input type="checkbox"/> SS Letter:	