

Johns Hopkins FCU Change of Personal Information Form

2027 E. Monument St. Baltimore, MD 21205 410-534-4500 ~ 1-800-543-2870

Address changes may be made online when you log in to your account at www.jhfcu.org. This form may be returned in person at any of our branches, or via mail, and must bear the original signature of the member (sorry, we are unable to accept fax requests). Confirmation of change may be sent to the old address. Please note if you are requesting a name change your government or state ID must reflect your new name.

		MEN	/IBER INFORM	1ATION			
ACCOUNT NUMBER(S):			EFFECTIVE DATE OF CHANGE(S):				
PRIMARY MEMBER'S NAME:			PRIMARY MEMBER'S SOCIAL SECURITY NUMBER:				
			(LAST 4 DIGITS		XXX-XX-		
JOINT OWNER'S NAME:			JOINT OWNER'S SOCIAL SECURITY NUMBER:				
				(LAST 4 DIGITS	ONLY)	XXX-XX-	
JOINT OWNER'S ADDRESS SAME AS PRIMARY MEMBER:				ARE YOU CURRENTLY ENROLLED IN ONLINE BILL PAY SERVICE?			
□ YES □ NO			□ YES □ NO				
		PRIMARY	MEMBER IN	FORMATIO	N		
NAME:							
STREET:				APT./SUITE#:			
TY:			STATE:		ZIP CODE:		
HOME PHONE:	W	ORK PHONE:	EXT.	CELL PHONE:		EMAIL ADDRESS:	
I WOULD LIKE TO ORDER A NEW	N ATM/VISA	DEBIT CARD WITH M	Y NEW NAME.			1	
□ I WOULD LIKE TO ORDER NEW	CHECKS WIT	TH MY NEW NAME. Fe	es may apply.				
□ I WOULD LIKE TO ORDER A VIS	A CREDIT CA	RD WITH MY NEW NA	ME.				
		JOINT OWNER		NT INFORM	1ATION		
NAME:							
STREET:				APT./SUITE#:			
СІТҮ:				STATE:	•	ZIP CODE:	
HOME PHONE:	W	ORK PHONE:	EXT.	CELL PHONE:		EMAIL ADDRESS:	
I WOULD LIKE TO ORDER A NEW	N ATM/VISA	DEBIT CARD WITH M	Y NEW NAME.				
□ I WOULD LIKE TO ORDER NEW	CHECKS WIT	TH MY NEW NAME. <i>Fe</i>	es may apply.				
I WOULD LIKE TO ORDER A VIS	A CREDIT CA	RD WITH MY NEW NA	ME.				
PLEASE ATTACH THE FOLLOWING	i:						
PHOTOCOPY OF YOUR VALID G	OVERNMEN	T ISSUED ID IS REQUIR	ED (I.E., DRIVER	'S LICENSE, ST	ATE ISSUED ID	OR PASSPORT.)	

SIGNATURE (Required)						
MEMBER/JOINT OWNER SIGNATURE:	DATE:					

JHFCU USE ONLY							
	MEMBER VERIFIED BY (EMPLOYEE'S INITIALS):						
RECEIVED IN PERSON							
	MEMBER ID TYPE:		ID NUMBER:				
RECEIVED BY MAIL/ELECTRONICALLY							
SIGNATURE CARD VERIFIED: 🗆 YES 🗆 NO			CALL BACK PERFORMED: 🗆 YES 🗆 NO				
ADDRESS UPDATED FOR PRIMARY MEMB	ADDRESS UPDATED FOR JOINT OWNER/CO-APPLICANT: 🗆 YES 🗆 NO						
DATE RECV'D:	TELLER ID:	DATE BILL PAY UPDATED:		DATE ACCT UPDATED:			
NOTES:							