

 **First Hawaiian Bank**
CHANGE OF ADDRESS

Account numbers **MUST** be provided in order for change to be processed.

Date _____

<input checked="" type="checkbox"/>	OSD – SC	ACCOUNT NUMBER	<input checked="" type="checkbox"/>	BANKCARD	ACCOUNT NUMBER
<input type="checkbox"/>	Checking		<input type="checkbox"/>	MasterCard	
<input type="checkbox"/>	Checking		<input type="checkbox"/>	Visa	
<input type="checkbox"/>	MaxiMizer		<input type="checkbox"/>	CheckCard	
<input type="checkbox"/>	Money Market Checking		<input type="checkbox"/>		
<input type="checkbox"/>	Regular Savings		<input type="checkbox"/>		
<input type="checkbox"/>	Regular Savings			DEPARTMENTS	ACCOUNT NUMBER
<input type="checkbox"/>	Christmas Club		<input type="checkbox"/>	Mortgage Loan	
<input type="checkbox"/>	Christmas Club		<input type="checkbox"/>	Commercial Loan	
<input type="checkbox"/>	Time Certificate of Deposit		<input type="checkbox"/>	Auto Leasing	
<input type="checkbox"/>	Time Certificate of Deposit		<input type="checkbox"/>	Wealth Management Service Center	
<input type="checkbox"/>	Retirement Savings		<input type="checkbox"/>		
<input type="checkbox"/>	Retirement Savings		<input type="checkbox"/>		
<input type="checkbox"/>	Safe Deposit			MISCELLANEOUS SERVICES	
	CONSUMER SC	ACCOUNT NUMBER	<input type="checkbox"/>	FHB Online (Home Banking Department)	
<input type="checkbox"/>	Equity FirstLine		<input type="checkbox"/>	QuickTax/Payroll (Business Services Sales Department)	
<input type="checkbox"/>	Personal FirstLine		<input type="checkbox"/>	Merchant Services (Merchant Services Department)	
<input type="checkbox"/>	PayAnyDay		<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		

Please PRINT (address change affects customer(s) below):

Name			New Address (if "hold," New Address must be branch of account address) _____ _____ _____
Social Security Number	Home Phone	Work Phone	
Cell Phone	Email Address		
Name			
Social Security Number	Home Phone	Work Phone	
Cell Phone	Email Address		

Customer Signature _____ Date _____

Customer Signature _____ Date _____

Branch Use Only

Received By (Employee Name and _____
 Receiving Branch _____ Received By: Phone* Mail* In Person
 *Confirmation Card Sent (Date) _____ Cust. ID Type and # _____

- Does customer have CheckCard? Yes No (If "yes," send copy of this form to BankCard Center.)
- Does customer have FHB Online? Yes No (If "yes," send copy of this form to Home Banking Department.)
- Change Mail Code (see Deposit System Codes Reference Guide, CM-5084, for codes): _____ To _____
- Does customer initiate repetitive wire transfers? Yes No (If "yes," send copy of this form along with EX-844 to Wire Transfer Department.)

COPY OF CHANGE ALSO SENT TO:

- BankCard Center Home Banking Department Mortgage Service Center
- Business Services Sales First Hawaiian Leasing Wealth Management Service Center
- Commercial Loan Merchant Services Department _____
- Consumer Service Center

Department Use Only

Input By _____ Verified By _____