



**PIN CHANGE REQUEST FORM**

Date \_\_\_\_\_ Account # \_\_\_\_\_

Member Name \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

*Please indicate the type of PIN to be changed:*

- ATM/Debit
- Audio Response
- Visa

*Reason for change:*

- Lost/misplaced
- Stolen/compromised
- Forgotten

Change in PIN will take effect only after SHPFCU has called to confirm the new or changed PIN. PIN effective 24 hours after confirmation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date \_\_\_\_\_ Time \_\_\_\_\_ Teller \_\_\_\_\_

Verification \_\_\_\_\_

**PLEASE INDICATE YOUR NEW PIN** \_\_\_\_\_