VEHICLE RELOCATION AND SHIPPING REQUEST FORM

PEARL HAWAII FEDERAL CREDIT UNION

Completed and signed request form may be delivered to any branch or faxed to 808-218-6294.

THE FOLLOWING ITEMS ARE REQUIRED:

1. A completed Vehicle Relocation and Shipping Request form signed by all Borrowers.

2. A copy of current Insurance Binder/Declaration page that indicate Comprehensive and Collision deductibles are not greater than $500.00 and Pearl Hawaii Federal Credit Union named as lienholder.

3. Verification of Employment or Military Orders.

Employment Verification must be on new employer's letterhead and list all of the following: Date of Hire, Position, Salary, Employment Status (Full Time, Part Time, On Call, Temporary - if Part Time, guaranteed minimum number of hours, and name and phone number of HR Individual).

4. A signed and completed Change of Address form.

Request must be made no less than 2 business days (Monday - Friday) prior to shipping date to allow for processing and document preparation. Timing for 2 business days begins once all required documentation is received. Requests made without adequate notice may be denied.

VEHICLE INFORMATION

Year/Make/VIN

SHIPPING DATE

PORT DESTINATION

SHIPPING COMPANY NAME AND ADDRESS

REASON FOR REQUEST

BORROWER INFORMATION

DATE OF REQUEST

ACCOUNT NUMBER

BORROWER NAME

CO-BORROWER NAME

BORROWER PHONE

CO-BORROWER PHONE

BORROWER CURRENT ADDRESS

CO-BORROWER CURRENT ADDRESS

PERSONAL REFERENCES (Minimum of 3 references with complete address, phone number and relationship)

NAME/RELATIONSHIP/ADDRESS/PHONE

1.

2.

3.

BORROWER SIGNATURE

CO-BORROWER SIGNATURE

PEARL HAWAII
FEDERAL CREDIT UNION

CHANGE OF ADDRESS

Mail completed forms to:
Pearl Hawaii Federal Credit Union | ATTN: Call Center Dept.
94-449 Ukee St. | Waipahu, HI 96797

INDIVIDUAL(S)	MEMBERSHIP NUMBER(S)
Primary Member:_____	Please change the address for the following accounts: Provide the last 4 digits of the membership numbers
Joint Member:_____	_____
Joint Member:_____	_____

New Residence Address

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

New Mailing Address ☐ Check here if same as above

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

New Phone Numbers

Home: _____ Business: _____ Cell: _____

Email Address: _____

I authorize Pearl Hawaii Federal Credit Union to change the address for all individual(s) and membership number(s) listed above. All future correspondence will be sent to the address listed above *(Forms submitted without a signature will not be accepted).*

Signature: _____ Date: _____

For Credit Union use only

Received by: ☐ In branch ☐ Mail ☐ Fax ☐ Email ☐ Other

Verified ID _____ Valid in branch only (initial) Verified Signature _____ (initial)

Debit card ☐ Yes ☐ No Card # _____ Bill Pay ☐ Yes ☐ No

VISA ☐ Yes ☐ No Last 4 digits _____ IRA ☐ Yes ☐ No

Update completed by: _____ 18 ☐ 20 ☐
Employee name please print

Manager/Supervisor/Senior MSR verified with information in XP2: _____
Please print

rev 11/27/18

Pearl Hawaii Federal Credit Union (hereafter Credit Union) reserves the right to require authentication of any and all electronic communications, including, but not limited to, emails and faxes. The decision to require authentication is in the sole discretion of the Credit Union. We will have no obligation, liability or responsibility to you or any other person or company if we do not act upon or follow any instruction to us if a communication cannot be authenticated to our satisfaction.

BORROWER/OWNER NAME _____ CO-BORROWER/CO-OWNER NAME _____

RE: Loan # _____ - _____ Year: _____

Make: _____ VIN #: _____

To Whom It May Concern:

I/We _____ & _____ authorize Pearl Hawaii Federal Credit Union to release information and fax the necessary documents to the Division of Motor Vehicles for the State of _____ for the above referenced vehicle registration and titling purposes.

Sincerely,

BORROWER/OWNER SIGNATURE _____ DATE _____ CO-BORROWER/CO-OWNER SIGNATURE _____ DATE _____

Phone #: _____

I/We may apply for additional financial services or seek to refinance my loan and other obligations from time to time with other lenders or financial service providers. I/We may also seek to sell, trade or exchange collateral pledged to secure my obligations to Pearl Hawaii Federal Credit Union (hereafter Credit Union). In this regard I/We authorize and specifically grant you permission to provide orally, electronically or in writing "payoff" and other information include the amounts I/We owe on all obligations to Credit Union, if Credit Union receives a request with Credit Union in good faith believe to be related to any such application, refinancing, sale, trade or exchange.

Sincerely,

BORROWER/OWNER SIGNATURE _____ DATE _____ CO-BORROWER/CO-OWNER SIGNATURE _____ DATE _____

Phone #: _____