

Address Change Request Form

As a member of SFCU it is important that you keep us informed of any change of address or other contact information so our records are current. You can print out this form and fax it to us at (936) 639-9854. For security reasons, In order for us to complete your request we must have a contact number that we can reach you to be able to verify that it is you.

Date of change: _____ Account Number: _____

Member Name: _____

Old Address: _____

City/State/Zip: _____

New Information:

New Street Address: _____

City/ State/Zip: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Email: _____

By signing this change of address (COA) form I authorize the SFCU to make changes to the information on the account listed above to include updates to any other services (i.e. VISA Check Card, MasterCard, I.R.A. etc.) that I have with the SFCU.

Member Signature: _____ Date: _____

Credit Union Use Only

Date processed: _____ Employee: _____

Member Signature verified with records on file

Member called back to verify request and identification

VISA Check Card system updated

MasterCard system updated

IRA Service notified

File in member folder