



3401 W. Loop 306
San Angelo, Texas 76904
(325) 944-3184
Fax: (325) 944-1005

CHANGE OF ADDRESS/PHONE # NOTIFICATION

Member Number(s): _____

Member Name (Primary owner), *please Print*: _____

Please change the contact information on the above account(s) to read as follows:

Physical Address ****Required****

Mailing Address (if different)

Primary Owner Phone Numbers & E-mail:

Cell: _____

Work: _____ Ext. _____

Home: _____

E-mail: _____

Member signature: _____ Date: _____

Does this new address apply to Joint Owners? ___Yes ___No

Joint Owner Names*: _____

Joint Owner Phone Numbers & E-mail:

Cell: _____

Work: _____ Ext. _____

Home: _____

E-mail: _____

***If the Joint owner has their own Primary account, a separate form is required.**

Name Change from _____ to _____

Old Signature: _____ New Signature: _____

(New Signature Card and ID Required)

For Credit Union Use Only

Sharetec modified STAR modified Liberty modified Change Returned Status to Known

Mastercard (Provide copy to Joanna or Loran) Delete any notes regarding Returned Mail

Employee: _____ Auditor: _____ Date: _____