



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

CHANGE OF ADDRESS/PHONE # NOTIFICATION

Member Number: _____

Member Name, Primary (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.

For Credit Union Use Only

- Sharetec modified STAR modified Liberty modified Change Returned Status to Known
- Mastercard (Provide copy to Carolina or Loran) Delete any notes regarding Returned Mail

Employee: _____ Auditor: _____