

Security Information

Contact us with questions at: 979-846-7456 or toll-free at 1-800-690-7780 For general questions, please email us at: help@brazosstarcu.com

CONTACT/ADDRESS INFORMATION CHANGE FORM

Member Name			Date of Birth	
Account Number(s)	Last four digits o	•	Driver's License Number	
			-	
Joint Member Name			Date of Birth	
Account Number(s)	Last four digits o	f Primary SSN	Driver's License Number	
	XXX -XX-		-	
Old Physical Address				
Street Address				
City	State		Zip	
New Physical Address Street Address City	State		e updated information on file) Zip	
			p	
Home Phone		Work Phone		
Cell Phone		Email Address	Email Address	
Member's Signature			Date	
Please Check all Services that	Apply:			
☐ Checking ☐ Share/Savin	igs	☐ VISA® Debit Car	rd 🗖 Other	
Received By: Updated by:		Approved by:	Date:	