



Please Print this Document to Complete.

Contact us with questions at:
979-846-7456

For general questions, please email us at:
members@brazosstarcu.com

ADDRESS/CONTACT INFORMATION CHANGE FORM

INSTRUCTIONS: Please provide current contact information for mailing address, email addresses and phone numbers. Please list all account numbers affected by this change. Brazos Star Credit Union wants to make sure we have provided you with the most secure way to transmit your sensitive information. **Please provide Photo ID for identification of the changes.**

Security Information

Member Name		Date of Birth
Account Number(s)	Last four digits of Primary SSN XXX -XX- _____	Driver's License Number

Joint Member Name		Date of Birth
Account Number(s)	Last four digits of Primary SSN XXX -XX- _____	Driver's License Number

Old Physical Address

Street Address		
City	State	Zip

New Physical Address (Please complete so that we have updated information on file)

Street Address		
City	State	Zip
Home Phone		Work Phone
Cell Phone	Email Address	

Member's Signature	Date
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Please Check all Services that Apply:

Checking Share/Savings VISA® Credit Card VISA® Debit Card Other _____

Received By: _____	Updated by: _____	Approved by: _____	Date: _____
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