



Contact Information Change Authorization

PH: 361-364-3683

Fax: 361-364-2132

www.sanpatcu.com

Name: _____ Member Number(s) _____

Old Contact Phone# _____ New Contact Phone # _____

Old Email _____ New Email _____

Old Work# _____ New Work# _____

Previous Employer: _____ Current Employer: _____

Change(s) Effective Date _____ Do you have a debit card? ____ Yes ____ No

SPCTFCU must maintain your physical (street) address in our files. Please provide your physical address in addition to your mailing address below. Contact information changes must be made either in person with identity verified by driver's license/Govt. I.D. or via written request signed and dated. Signatures must be verified by comparing the signature against the membership signature card.

Physical (Street) Address

OLD _____
Address _____

City _____ State _____ Zip _____

NEW _____
Address _____

City _____ State _____ Zip _____

Mailing Address

(If different from physical street address)

OLD _____
Address _____

City _____ State _____ Zip _____

NEW _____
Address _____

City _____ State _____ Zip _____

I am the owner or joint owner of the above member number(s) and authorized to make this change.

Signature _____ Date _____

-----Credit Union Use Only-----

____ Signature verified if change provided by mail/fax, or

____ ID used to identify if change provided in office

Employee Name _____ Branch _____

Employee Initials _____ Date Completed _____