



MEMBER ADDRESS CHANGE REQUEST

Please fill out this form, sign and return it either by person, fax, or mail to **Brazosport Teachers Federal Credit Union**, hereinafter called (BTFCU). A confirmation of your address change will be provided to you via phone (verbal) or mailed to both your old and new address as a means of protecting your identity. Please allow three (3) business days for processing.

Please call BTFCU with any questions regarding this request at: **(979) 265-5333**.

FAX: BTFCU – Attn: Member Service
(979) 265-4328
EMAIL: info@btfcu.net

MAIL: BTFCU – Attn: Member Service
 216 Lakeview Dr.
 Clute, TX. 77531

Name _____ Date _____

Social Security # _____ DL # & Exp. Date _____ State _____

Member Number & Account #'s _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

New Physical Address

New Mailing Address (if different from physical)

Address _____

Apt./Suite# _____

City _____ State _____

Zip Code _____

Address _____

Apt./Suite# _____

City _____ State _____

Zip Code _____

Services

If joint account, will this request apply to all account holders? Yes No

Member Signature _____ Date _____

FOR CU USE ONLY		Member ID Verification Method (i.e. DL, known to you, address verified)	
Date Received / Input		Employee Initials	
Date Audit		Employee Initials	
Notes / Comments			