



Please fill out this form and fax to ACUTX at 409-934-8707 or mail to PO Box 9004, League City, TX 77574

# CHANGE OF ADDRESS

MEMBER NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ACCOUNT NUMBER(S) AFFECTED: \_\_\_\_\_

ITEMS AFFECTED:

- Account (Savings, Checking, etc)
- Bill Pay
- Check Orders-Harland Clarke
- MasterCard
- IRA

NEW ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NEW PHONE: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**OFFICE USE ONLY**

Account Number      Date Changed      Teller #

- Symitar
- Joint Record
- MC
- Harland Clarke
- Bill Pay
- IRA