

**Baptist Credit Union**  
**5815 IH 10 West**  
**San Antonio, TX 78201-2800**

**210-525-0100**  
**Fax - 210-525-0383**

**Change of Name & Address Request**

Account Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Members Name: \_\_\_\_\_

Members Previous Name (If Name Changed) \_\_\_\_\_

Note - Name change requires Social Security Card or letter attached.

Old Address: \_\_\_\_\_

\_\_\_\_\_  
City, State and Zip Code

New Address: \_\_\_\_\_

\_\_\_\_\_  
City, State and Zip Code

Physical Address Required if PO Box is listed above:

Physical Address: \_\_\_\_\_

\_\_\_\_\_  
City, State and Zip Code

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address \_\_\_\_\_

**Signature:** \_\_\_\_\_

<b>Credit Union Use Only</b>
------------------------------

Signature Verified by MSR: \_\_\_\_\_ Entered into System by MSR: \_\_\_\_\_

Member Contact Date \_\_\_\_ Debit Card App: \_\_\_\_ Loan Dept: \_\_\_\_ IRA Dept: \_\_\_\_

RETURN TO Member Service Dept. when completed.