

Change of address / contact information

Instructions: Please <u>print information clearly</u> and return this form to the nearest STCU branch location or mail to: STCU/Support Services, P.O. Box 1954, Spokane, WA 99210-1954.

If you received this form in the mail, it is because STCU was notified by phone or email to update/change your address. **If you or any other account owners did not** make this request, please contact us immediately at (509) 326-1954.

Member information					
Primary member name:		* Member #:	(1 form per member number)		
Home phone:	☐ New number	Cell phone:	☐ New number		
Tiome priorie.	■ New number	Cell priorie.	☐ New number		
Work phone:	New number	Email:	☐ New email		
Residential/Business address: Physical address, PO Box not	acceptable				
Old residential/business address	•	New residential/business address			
Address line 1:		Address line 1:			
Address line 2:		Address line 2:			
7.00.000		, taa. 666 ii6 2.			
City, state and zip:		City, state and zip:			
Mailing address: PO Box acceptable					
Old mailing address		New mailing address - Complete if d	lifferent than residential		
Address line 1:		Address line 1:			
Address line 2:		Address line 2:			
City state and sing		City state and sing			
City, state and zip:		City, state and zip:			
Authorization					
I authorize STCU to make the address, phone and/or email address changes noted above. I understand this is not the correct form for name changes and I would					
need to contact a branch location for additional instructions. I am an owner on <u>all</u> accounts under the member number listed above.					
x					
Signature	Date				
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STCU use only					
Employee:	OP #:	Branch:	Date:		
Send completed form to Support Services.					
Support Services					
Reviewed by:	OP #:	Branch:	Date:		
		Support Services			