



3661 Nth 6th, Abilene TX, 79603

325-691-2300 / 1-800-535-2157 / Fax 325-673-0069

Change of Address/Phone Number

Date: _____

Primary's Name: _____

Member#: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

ADDRESS

Old Address: _____

New Address: _____

Post Office Box: _____

(I have already changed my address with the Post Office Y / N)

Please Change the address for the following person on the account:

Name: _____

Name: _____

Name: _____

Please change my address for the following accounts:

Check Orders / Mastercard

Signature (required): _____

FOR OFFICE USE ONLY: Date received: _____ / By: _____ /

Date Change by: _____ /

CORE person restrictions: _____

Person fields: _____ / Statement delivery: _____ /

Account restrictions: _____ Liberty: _____ / Mastercard: _____