

**Goodyear San Angelo Federal Credit Union**  
**PO Box 232, San Angelo, Texas 76903**  
**Office Ph/Fax 325-227-6520**

**Membership Information Update**

This form is required any time your membership information changes.

**1. Personal information change (official documentation may be required).**

Name: \_\_\_\_\_ Acct # \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Joint Share Account change. (see comment section).**

**(List those who you want to have access to this account - only with your permission).**

a. Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

b. Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

**3. P.O.D. (Payable on death); heir(s) change. (see comment section).**

**(Should something happen to you – who do you want to inherit this account).**

a. Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

b. Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

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



• **If you don't know who is on your card – call us.** Your information is secure with us. We will never share it without your approval, unless legally required to. Information will supersede previous account information.

**2. Joint Share Account change. (cont'd from page 1)**

**(List those who you want to have access to this account - only with your permission). (see comment section).**

c. Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

d. Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

**3. P.O.D. (Payable on death); heir(s) change. (cont'd from page 1). (see comment section).**

**(Should something happen to you – who do you want to inherit this account).**

c. Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

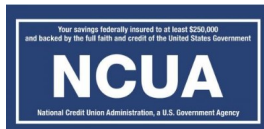
d. Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

**COMMENT SECTION: Make as many copies as you need to update each area. If there is an official document that supports your change, we ask that you please supply a copy of that. i.e: Name change, Address change; Divorce-explaining loan assignments; Marriage certificate, Will or Estate settlement; Birth certificates. Thank you.**



- **If you don't know who is on your card – call us.** Your information is secure with us. We will never share it without your approval, unless legally required to. Information will supersede previous account information.