



AUBURN UNIVERSITY CREDIT UNION

Post Office Box 1610
Auburn, AL 36831-1610

(334) 844-4120 (334) 844-4162 - Fax

Update Contact Information Request Form - Complete and Return

Personal Information

Full Name: _____

Account Numbers: _____ *XXX-XX-_____*
Please list all accounts that need to be updated *Last Four #s Of Primary Account Holder's SSN (SOCIAL SECURITY NUMBER)*

Physical Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Mailing Address: _____
PO Box or Street Address

City *State* *Zip Code*

Campus Address: _____

Department *Zip Code*

Home Phone: _____ Alternate Phone: _____

Driver's License: _____ Email Address: _____
State *Number*

Current Employer: _____ Mothers Maiden Name: _____

Signature: _____ Date: _____

In addition, please make the requested contact information changes for the following accounts:

- Check order record
- Debit card record (Official Use only – “STAR”)
- Credit card record
- IRA (Traditional, Roth, Educational)

For Credit Union Use Only

Received By: _____ File Maintenance Completed By: _____

Date Completed: _____