



## Address Change Authorization

Address Change Form Instructions:

1. Print this form and complete all required information
2. Sign the form.
3. Fax form to 361-364-2132

Member Name:	Member Account #:
<i>Old Address:</i>	<i>New Address:</i>
	Home Phone:
	Work Phone:
	Cell Phone:

Signature \_\_\_\_\_

Date: \_\_\_\_\_

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**P. O. Box 850  
Sinton, Texas 78387**

**Phone: (361) 364- 3683  
Fax: (361) 364-2132**