



INFORMATION CHANGE FORM

Name Account Number

Address

City, State, Zip

Phone

Other Status Change (Explain)

Signature Date

FOR SAFCU OFFICE USE ONLY

Mailing List: _____	Date: _____	Initials: _____
Debit Card: _____	Date: _____	Initials: _____
Credit Card: _____	Date: _____	Initials: _____
Portico: _____	Date: _____	Initials: _____
Interact: _____	Date: _____	Initials: _____

MAIN OFFICE
P.O. Box 1539
(803 N. Maple Street)
Simpsonville, SC 29681
Fax: (864) 967-1432

DUNCAN OFFICE
P.O. Box 464
(100 Rogers Bridge Road)
Duncan, SC 29334
Fax: (864) 433-2881

IOWA PARK OFFICE
1301 W. Magnolia Street
Iowa Park, TX 76367
Fax: (940) 592-0206

