



Authorization for Change of Name/Address

Account Number: _____

Date: _____

Old Information

New Information

Name:
Address:
City, State, Zip:
Phone:

Name:
Address:
City, State, Zip:
Phone:

Account Owner's Signature: _____

Date/Initials Changed on Sharetec: _____

Office Use Only

Debit Card: Yes No

VISA® Card: Yes No

Date/Initials Changed on STAR: _____

Date/Initials Changed on ClientLink: _____

Last 4 Digits: _____

Last 4 Digits: _____



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