



SLB Employees Credit Union

Trusted Contact Form

Member Name: _____

Member Number: _____

Primary Trusted Contact Person:

Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Mobile Phone: _____

Email: _____

****I understand that I may designate multiple Trusted Contact persons. SECU is not required to contact my Trusted Contact person but may do so at their discretion. The completion of this form is voluntary and is not required for membership at SECU. I may remove my Trusted Contact person at any time by notifying SECU in writing that I wish to do so.****

Signature: _____

Printed Name: _____

Date: _____