

## **Change of Address / Name Change Form**

| To ensure the security of your information.  | our personal information                      | on, your signature is requ                         | uired to change your account |
|--|---|--|------------------------------|
|  | ange N  | lame Change  |                              |
| A copy of your driver's lice changing your name, your include a copy of legal documents form filed with the received this information. | driver's license must dumentation verifying t | lisplay your new name.<br>the change, such as mari | All name changes must        |
| Member Information:  |   |  |                              |
| Account Number:  |   | _  |                              |
| First Name:  | MI:   | Last Name:   |                              |
| E-Mail:  |   |  |                              |
| Previous Address:  |   |  |                              |
| Street Address:  |   |  | _                            |
| City:  | State:  | Zip:   |                              |
| New Address:   |   |  |                              |
| Street Address:  |   |  | _                            |
| City:  | State:  | Zip:   |                              |
| Do you have a debit card?  | YES   | NO   |                              |
| Signature:   |   | Date:  |                              |
|  | FOR CREDIT                                    | UNION USE ONLY                                     |                              |
| Changed by:  | Date:   | Verified by:                                       | Date:                        |
|  | ATM/Dahit Card Undat                          | ted By:  |                              |