

NAME CHANGE REQUEST FORM

Please complete and return this signed form with your new driver's license to any CSE Credit Union branch. If returning by mail, have your signature **notarized** below and include a copy of your new driver's license.

MEMBER INFORMATION

Membership #:	Date of Birth:
First and Last Name as it currently appears on your account:	
Signature of name as it currently appears on your account:	
Home Address:	City/State/Zip:
Driver's License #:	Phone #:

NEW NAME

First Name:	Last Name:
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SERVICES TO BE UPDATED *(check all that apply)*

Online Banking
 VISA Debit Card
 VISA Credit Card
 Order New Checks
 IRA
member responsible for cost of checks

I authorize CSE Credit Union to change my name on all accounts with the updated information above. I agree that changing the name and signature on my account does not change my account ownership/status in any way.

X

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Signature (new name)

Date

Notary Requirement

Signature must be notarized unless witnessed by a CSE Credit Union employee.

State of _____ County of _____

Sworn and subscribed before me on this _____ day of _____, in the year _____

By _____
(name of signer)

Notary Public Signature

Notary Seal

FOR CREDIT UNION USE ONLY

Date Received _____	Teller # _____	Signature/identity verified _____	Online Banking _____
Plastic Cards _____	Checks _____	XP2 updated: _____	Joint Accounts _____