



P.O. Box 5706; Abilene, TX 79608
325-677-2274; 800-677-6770
abileneteachersfcu.org

NAME CHANGE NOTIFICATION

Please print and complete this page and return it to us in person or through the US mail. In addition to this form, please enclose copies of legal documentation (marriage license, divorce decree, etc.) and state issued identification (drivers license or state ID card), all reflecting your changed name.

I, (*print previous name*) _____ request to change my legal name to
(*print new name*) _____ on my accounts at Abilene Teachers FCU,

My Social Security number is: _____

I am a Primary or Joint Owner on the following accounts:

Name of Primary Member	Primary Member Number	Account Description or Number

Signature of Member Making Name Change Request: _____

Signature Date: _____

Staff Use Only

Member Service Representative: _____

Date: _____

- VISA/ATM
- Checks