

**NAME CHANGE FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, request to change my legal name to

 (old name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on all accounts associated with my Social Security Number.

 (new name)

**Social Security Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am providing **legal documentation** (marriage license, divorce decree, etc.), **state issued identification**, and **this document**, all reflecting my changed name.

Please reflect this change on all the accounts associated with my Social Security Number.

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name

 Member Services Representative

 Date

**(325) 677-2274** [**www.abileneteachersfcu.org**](http://www.abileneteachersfcu.org) **PO Box 5706**

**(325) 676-0515 Fax Abilene, TX 79608**