



P.O. Box 5706 Abilene, Texas 79608  
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## 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 enclosing copies of **legal documentation** (marriage license, divorce decree, etc), **state issued identification** (drivers license or state ID card), and **this document**, all reflecting my changed name.

Please reflect this change on the following member accounts:

Primary Member Name	Member Number	Account Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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**Staff Use Only**

Member Service Rep: \_\_\_\_\_

Date: \_\_\_\_\_

VISA/ATM  Checks