

CHANGE OF NAME

Account Number _____ Date _____

Person requesting the change of name is: Member Joint Owner Co-Maker Authorized User

Current Name on the above Account _____

Change my name on AFCU's records to: _____

Attach one of the following as evidence of name change:

- Marriage License Divorce Decree Adoption Paperwork
- Court approved change of name documents Copy of old Driver License and new Driver License with name changed
- Copy of old Social Security Card and new Social Security Card with name changed

New Address (if applicable) _____
 Street _____ City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Do you have a Safe Deposit Box? Yes No (if "YES" please contact the branch to complete a new Lease Agreement)

Branch where Box is Located _____ Box Number _____

Note to Member: Any Joint Owner, Beneficiary and Payable on Death Designated on your Membership Application remains the same. If you wish to change any of these, you must complete additional forms. Any other account on which you are named as Primary Account Holder, Joint Owner or Co-Signer will require a separate Change of Name Form.

Signature (new name) ID (Type, Issuer, Number, Expiration) Date

Signature MUST be notarized unless witnessed by an America First Credit Union employee.

AFCU Employee Signature

Notary (if required)

State of _____

County of _____

Subscribed and sworn to before me on this _____ day of _____, in the year _____

by _____
 (name of document signer)

Witness my hand and official seal.

 Notary Signature and Seal

CREDIT UNION USE ONLY

Posted by _____	Branch _____	Date _____
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MBNAM