

Account Number _____

REQUEST FOR NAME CHANGE

By signing below, I hereby request America's First Federal Credit Union to change my name as it appears on my account record as indicated. This change will reflect the account record for my primary account, and any other account that I am named as a joint owner. I understand and agree that the ownership of my account is not affected by this document, and that any and all agreements or documents that were signed by me at America's First Federal Credit Union prior to the date of this agreement remain in full force and effect. I also agree to provide proof of the name change in a form that is acceptable to the Credit Union.

Existing Account Name (Please print) _____

Requested Name Change (Please Print) _____

New Signature _____

Date _____

Drivers License No. _____

Address _____

City _____

State _____

ZIP _____

Home Phone _____

Email Address _____

Additional account numbers at AFFCU affected by Name Change _____

*****For Internal Use Only*****

Select the type of documentation used to verify name change:

Driver License or other Valid ID # _____

Court Documents case # _____

Marriage Certificate _____

Branch _____ Employee _____ Audited by _____