

Patent & Trademark Office Federal Credit Union



Name Change Form

| New Name (Please Print Last Name, First Name, and Middle Initial) | | |
|---|-------------------------|-------------------|
| Last Name | First Name | MI |
| New Signature | | Date |
| | | |
| Former Name (Please Print Last Name, First Name, and Middle Initial) | | |
| Last Name | First Name | MI |
| Former Signature | | Date |
| | | |
| Account Number | Social Security Number | |
| | | |
| Address | | |
| Street | City, State, Zip | |
| Is this a new address? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Home Phone | Work Phone | Cell Phone |
| Email Address | | |

PLEASE READ AND SIGN:

Please provide a legible copy of your driver's license or other government issued photo ID bearing your new name. You may fax this form along with photo ID and your notarized signature to our office at 571-273-0191. Your signature below authorizes PTOFCU to change your name as requested on your PTOFCU accounts.

Member Signature

Date

Credit Union Use Only
MSR:

Date: