

Change of Name Request Form

Please Print All Information

Date:	
New Name:	
Former Name:	
Social Security Number:	
Date of Birth:	
Driver's License Number & State of Issuance:	

Please provide documents evidencing the change (i.e. marriage license, court order, etc.)

Under penalty of perjury, I/we are U.S person(s) (including a U.S. resident alien) and (1) that the number shown on this card is my/our correct taxpayer identification number and (2) that I/we are not subject to backup withholding, either because I/we have not been notified of backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has not notified me/us that I/we are no longer subject to backup withholding (Note: If you ARE subject to backup withholding, cross out number 2). The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

Member Signature: _____ Date: _____

Please return completed form and supporting documents to:

FourLeaf Federal Credit Union
 P.O. Box, 2069
 Glen Burnie, Maryland 21060

For Internal Use Only:

Entered By: _____ Date: _____