



Wexford

Community Credit Union

Wexford | Missaukee | Osceola

Name Change

Member Name (Former Name)					
Account Number(s)					Date
My name was legally changed by reason of: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Adoption <input type="checkbox"/> Other <i>(Please specify)</i> _____			Please reorder the following with my new name: <i>(First time orders require a different form.)</i> <input type="checkbox"/> ATM Card \$5.00 <input type="checkbox"/> Debit Card \$5.00 <input type="checkbox"/> PIN Number \$2.00 <i>(Only if current PIN # is forgotten)</i> <input type="checkbox"/> Checks <i>(Price varies)</i> <input type="checkbox"/> VISA Card		
I certify that I am a member and owner of the above account(s). I request that the credit union change its records to reflect my present name.					
Signature (Former Name)	X				
Signature (Present Name)	X				

For Office Use Only							
Received By	Date	Tracker Entered By	Date	Plastics Reordered	New Membership Card	Court Documents (Copy)	Comment Added
Change Made By	Date	Verified By	Date	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes