

# Oswego Teachers' Employees' Federal Credit Union

## NAME CHANGE FORM

To ensure the security of your personal information, **either a copy of court documents or a copy of your marriage license is required** to change your name on your account. Simply print, complete, sign and drop off the Form with copies of documents at our office or mail/fax it to us at:

**Mail:** **OR**  
**Oswego Teachers' Employees Federal C.U.**  
**PO Box 878**  
**Oswego, NY 13126**

**Fax completed form to:**  
**(315) 342-2205**

### Customer Information

Customer Number: \_\_\_\_\_

### New Name As It Should Appear On Your Account

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

### Current Address

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**New Address (if applicable)**  Physical  Mailing  Physical and Mailing

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Contact Information

Home phone number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Work phone number: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

Joint Owner Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

### For Credit Union use only

Employee Verified: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

Reviewed By: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_