

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 ____/____/____