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:

Fax completed form to: Mail: Oswego Teachers' Employees Federal C.U. (315) 342-2205 PO Box 878 Oswego, NY 13126 **Customer Information** Customer Number: _____ New Name As It Should Appear On Your Account First name: _____ Middle name: _____ **Current Address** City: State: Zip Code: New Address (if applicable) Physical Mailing Physical and Mailing City: Zip Code: **Contact Information** Home phone number: (____) Email Address: Work phone number: () ext. Owner Signature: _____ Date ____/ ___ mm dd yyyy Joint Owner Signature: _____ Date ____/___ For Credit Union use only Employee Verified: _______Date ____/__ Reviewed By: _______Date _____/____