



Name Change Request

Account Number: _____

Previous Name
Current Name

Debit/ATM Card Number	Visa Platinum Card Number
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Reorder Checks?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Style:	Starting Number:
Reorder Debit/ATM Card?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Style:	Last Six Digits:
IRA Present?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Documentation Provided	
<input type="checkbox"/> Driver's License <input type="checkbox"/> State ID <input type="checkbox"/> Certified Marriage Certificate <input type="checkbox"/> Other:	
Effective Date of Change	

By signing below, I authorize MidWest Financial Credit Union to change the name on all of my account records in accordance with the information provided above.

I acknowledge that all the terms and conditions of the account agreements remain in full force and effect and will not be affected by this request. I further state I have notified all companies with whom I have a relationship (utilities, creditors, employer, et al) of this change.

Member Signature

Date

For Credit Union Use Only			
		Initials	User Number
Member Service	Identification Reviewed By		
	Documentation Reviewed By		
	Symitar Updated		
	IRA Direct Updated		
Accounting	PSCU Updated		