

# Change of Name All information is confidential



If you would like to update your name on your account, please complete the information below (one form per account). Once this form has been completed and signed, you may return it to any Wescom branch or mail it to: Wescom Credit Union, P.O. Box 7058, Pasadena, CA 91109-7058, ATTN: Member Services.

## About You Please Print

Your Full Name \_\_\_\_\_  
First Middle Last

Account # \_\_\_\_\_

## Your New Information Please Print

Your New Full Name \_\_\_\_\_  
First Middle Last

Current Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Choose one of the following (required): Driver's License  State-Issued ID

Driver's License or State-Issued ID # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Issue Date \_\_\_\_\_

## Mailing Address (If Applicable)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please return this form along with a copy of your new Driver's license or any state-issued identification (e.g; Passport, Military ID) that reflects your new name.

Member's Signature \_\_\_\_\_

Date \_\_\_\_\_

### For Credit Union Use Only

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_