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NAME CHANGE REQUEST FORM

Dear Member:

In order for your name change to be reflected in our permanent records, we require that you make the request in writing and provide documentation to validate your request. We ask that you complete the name change section below and return with the appropriate documentation.

Please forward a COPY of one of the following:

1. Marriage License
2. Driver's License
3. Social Security Card
4. Court Certification (embossed)

Thank you for your cooperation. Should you have any further questions, do not hesitate to contact our office at (215) 788-5270. Please return this form and the required documentation to one of our branch offices or fax it to (215) 788-5083.

Sincerely,
Member Service Department

ACCOUNT #(s): _____

FROM: _____

TO: _____

REASON: _____

OLD SIGNATURE: _____

NEW SIGNATURE: _____

TODAY'S DATE: _____

For Office Use:

Signature Verified _____ Form used to verify signature _____

(CUSA _____ <----- Date Changed _____)

Visa Check Card _____

Signature re-verified _____

IRA _____

Visa Credit Card _____

Bill Payer _____