

Account Name Change Form



Current Member Name

| | |
|-----------------------|--------------------|
| Account Number | Email |
| Address | City St Zip |
| Daytime Phone | |

I/We authorize Empeople Credit Union to make and accept the following change to my/our account.

Note: We require official documentation with the new name. Acceptable forms of documentation include 1) Driver's License or State Issued ID (not expired), 2) Marriage Certificate (not license), 3) Divorce Decree, 4) Court Order, 5) United States Passport, 6) Trust Accounts or Copy of Trust Agreement Affidavit

Current Member Name _____

New Name _____

If the account is changing to a Trust, please list the Trustee names below. **Please note:** We require a copy of the Affidavit of Trust when titling shares into a Trust.

Trustee _____

Trustee _____

Trustee _____

Please read before signing: I/We also authorize Empeople Credit Union to conduct further investigation and obtain additional information concerning my credit reputation from all available sources from time to time. Applicants shall be deemed to have agreed to and accept the terms and conditions of this agreement. I/We agree that the changes on this card are subject to the terms and conditions set forth in the TIS Account Disclosure and the original Account Signature Card. I/We also acknowledge receiving a copy of the TIS Account Disclosure.

| | |
|----------------------------|----------------------------|
| x | x |
| Signature _____ Date _____ | Signature _____ Date _____ |
| x | x |
| Signature _____ Date _____ | Signature _____ Date _____ |

For any questions, please contact us at service@empeople.com or (800) 338-6739

Office Use Only

| | | |
|------------------|--------------------|------------|
| Updated by _____ | Verification _____ | Date _____ |
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