TEXANS CREDIT UNION

Complete and return this form to any branch office OR mail to:
Texans Credit Union, Attn: Member Account Services, PO Box 853912, Richardson, TX 75085

Please provide a copy of documentation of name change (Driver's License, Social Security Card, Marriage License, Divorce Decree, or Court Order), as well as a photocopy of two forms of ID (at least one from the primary list; the second can be from either list). For more info on identification requirements:
Visit "Join Texans" on our website (www.TexansCU.org) or call e-Branch at 972.348.2000 or 800.843.5295

Name Change Form

Member Number: _____

I am the (check one) ☐ primary ☐ joint owner on accounts associated with the member number above.

Effective Date of Name Change: _____

Previous Name: _____
First Middle Last

Name Changed to: _____
First Middle Last

ATM/Debit Card/Credit Card Request: ☐ yes ☐ no
By signing below, I acknowledge that any ATM/debit card(s)/credit card(s) issued in my previous name will cease to function at the time of this name change.

Certification of Taxpayer Identification Number and Backup Withholding:

SSN/TIN:_____

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

☐ **W-9 CERTIFICATION - IF DEPOSITOR IS U.S. CITIZEN OR RESIDENT ALIEN UNDER PENALTIES OF PERJURY:**
I certify (1) that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from back-up withholding under federal laws or a specific FATCA Exempt Payee Code (_____ enter code here from W-9 instructions), , or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding and (3) I am a U.S. person (including a U.S. resident alien). Certification Instructions: you must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

☐ **W-8 CERTIFICATION - IF DEPOSITOR IS FOREIGN PERSON OR ENTITY: Certification is provided on a separate document.**

I hereby order, authorize and instruct Texans Credit Union to change my name on the account(s) associated with the member number as set forth above. I understand and agree that such account(s) shall otherwise remain unchanged and in force and effect. I have read and understand the foregoing, it is correct in all aspects, and I request that it be made a part of my account(s) with Texans Credit Union.

Member/Joint Owner Signature _____ **Date** _____

Notary Requirement
This Name Change Form must be certified by a Notary Public if signer is not present. Please use the space provided below for notary certification.

State of _____ County of _____

Sworn and subscribed before me by:

_____
(print applicant's name)

On the _____ day of _____, 20_____

_____
Notary Public Signature

Notary Seal

For Credit Union Use Only

ID Type & Number: _____

☐ **ATM/Debit Card(s) ordered/issued (if requested)** ☐ **DNA Activity ticket created for credit card(s) (if requested)** ☐ **Person notes added**

Processed by (Name & EID): _____ **Date:**_____ **Branch #** _____

Audited by (Name & EID): _____ **Date:** _____ **Branch #** _____