



BAY CITIES CREDIT UNION

NAME CHANGE FORM

Primary Members and Joint Owners may use this form to change their legal name on their Bay Cities account(s).

Complete the entire form, attach a copy of your new driver's license or state ID, and then **fax to us at 510-881-8509 or mail to: Bay Cities Credit Union, PO Box 30, Hayward, CA 94543.**

Name Change

MEMBER NUMBER(S) WITH BAY CITIES

OLD NAME

NEW NAME

OLD ADDRESS

NEW ADDRESS (if applicable)

PO BOX

(Note: We will be glad to send your mail to a PO Box, however, we will need your permanent home address for our records.)

E-MAIL ADDRESS

DAYTIME PHONE

EVENING PHONE

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

- Check this box to certify that your name has been changed with the DMV. **Please attach a copy of your new Driver's License before mailing.**
- Check this box to certify that your name has been changed with the Social Security Administration

MEMBER SIGNATURE _____

DATE