



## **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