



Mail, Fax or Email **Signed & Completed** form to:

7905 Malcolm Road • Suite 311 • Clinton, MD 20735-1730
1-800-USPS FCU • Fax: 301-856-4061 • e-Mail: uspsfcu@uspsfcu.org

| INFORMATION ON FILE | | NEW INFORMATION | | | | | | | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------|----|--|---|--|---|--|---|--|--|--|-------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| NAME | | NAME* | | | | | | | | | | | | | | | | | | | | |
| CURRENT ADDRESS | | NEW PHYSICAL ADDRESS | | | | | | | | | | | | | | | | | | | | |
| | | NEW MAILING ADDRESS | | | | | | | | | | | | | | | | | | | | |
| PHONE H: | W: | PHONE H: | W: | | | | | | | | | | | | | | | | | | | |
| E-MAIL | | E-MAIL | | | | | | | | | | | | | | | | | | | | |
| SOCIAL SECURITY NUMBER | | MEMBER NUMBER | | | | | | | | | | | | | | | | | | | | |
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| DATE | MEMBER SIGNATURE | | | | | | | | | | | | | | | | | | | | | |
| Credit Union Use Only: Processed by: _____ Date: _____ | | | | | | | | | | | | | | | | | | | | | | |

NAME CHANGE REQUIREMENTS:

In order to change the name on your membership we require the following:

- A New **Membership Application**
- A copy of the **legal document** effecting your name change. Typical legal documents effecting name changes are marriage licenses, divorce decrees, etc.
- A copy of your new **government issued photo identification** stating your new name. Acceptable government issued photo IDs include valid driver's licenses; state issued ID cards, US passports, or US military photo IDs.