Name Change Request



OUCU Account Number(s)							
On (date) / /20 , my I request that the Credit Union (
Former Name			Former Signature				
Present Name			Present Signature				
Please update my contact in	formation						
ddress		City		State	ZI	ZIP	
Mobile Phone Other Phon		ne		Email			
Please update my beneficia	ries						
Beneficiary Name		Phone		Relationship		Percent(%)	
Address			Birth Date		Social Security Nu	ımber	
Beneficiary Name		Phone		Relationship		Percent(%)	
Address			Birth Date		Social Security Nu	ımber	
	Return your comp	leted Benefi	ciary Designati	on form to OUC	:U		
Mail OUCU PO Box 1208 East Lansing, MI 48826	Fax 248-373-8008 or 866-374-2123	form to th	upload your co ne eMessage Ce ComputerLine.	mpleted Bi	In Person Bring your completed form to either OUCU branch locations.		
Oakland University Credit Union is a licensed you and MSUFCU. Michigan State University Government. Specific features, rates and fees	Federal Credit Union savings are	federally insured to	o at least \$250,000 by 1				
FOR OFFICE USE ONLY							
☐ All Signatures Verified							
	mployee Name & Numb				Date		
☐ Name Change on ALL Accou☐ ATM Cards	unts	/isa Platinum t Box		Order Updated A/Coverdell Acco	ount(s)		