

OU Credit Union Account Number(s) _____

On (date) ____ / ____ /20____, my name was legally changed by reason of _____.
 I request that the Credit Union change its records to show my present name.

 Former Name

 Former Signature

Contact Information

 Permanent Address

 City

 State

 ZIP Code

 Mailing Address

 City

 State

 ZIP Code

 Social Security Number

 Phone*

 Email Address*

*You authorize us to contact you, including by electronic or automated means, such as emails, autodialed and prerecorded calls, and text messages.

IRS Certification (Required for all name changes)

I certify under penalty of perjury that I am a U.S. person (including a U.S. resident alien), that the Taxpayer Identification Number (Social Security Number) given is correct, that I have not been notified by the IRS that I under-reported or failed to report interest or that the IRS has notified me that I am no longer subject to backup withholding. Please cross out any sections that do not apply.

 Present Name

 Signature

Return your completed Name Change Request form to OU Credit Union

Mail OU Credit Union PO Box 1208 East Lansing, MI 48826	Fax 517-664-7347 or 866-374-2123	Online Scan and upload your completed form to the eMessage Center through ComputerLine®.	In Person Bring your completed form to any OU Credit Union branch location.
---	---	--	---

FOR OFFICE USE ONLY

All Signatures Verified _____
 Employee Name & Number _____ Date _____

- Name Change on ALL Accounts
 Visa Debit and Credit
 Check Order Updated
 ATM Cards
 Safe Deposit Box
 IRA/HSA/Coverdell Account(s)

