

# NAME CHANGE REQUEST

**Please mail to:**  
MSU Federal Credit Union  
3777 West Road • PO Box 1208  
East Lansing, MI 48826-1208

**MSUFCU 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 MSUFCU

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

