



Change Of Name Request

By signing below, I request NIH Federal Credit Union change my name on my account as indicated. I understand that I must request a new CheckLink VISA CheckCard, VISA Credit Card and checks with my new name on them.

The following items must be received before a name change can be made:

- A completed Change of Name Request Form.
- A new Membership Application & Agreement with your new name and signature.
- A copy of the corresponding document that shows the name change or a copy of a valid driver's license, non-driver's ID or passport showing the new name and signature.

Account #: _____ Date: _____
 Current Name: _____
 Street Address: _____
 City/State/Zip: _____
 E-Mail Address: _____
 Home Phone: _____ Work Phone: _____

New Name: _____

Document: Marriage Certificate Divorce Certificate Deed Poll
 Other Court Order Document: _____

X _____ ID Type: _____
 Member Signature Date ID Number: _____
 Expiration Date: _____

X _____
 NIHFCU Associate Signature Date NIHFCU Associate Print Name

To submit, please fax or mail completed and signed form along with any requested support documentation to:
NIHFCU Attention: Operations Department
 Fax: **301.770.5372**
 Mail: **P.O. Box 6475 Rockville, MD 20849-6475**
 Or, you may drop this form off at any NIHFCU branch location