



AUTHORIZATION FOR NAME CHANGE

Please sign and return this completed form with the required documents by emailing to **ApplicationP@psecu.com**, faxing to **717.720.1234** or mailing to **PSECU, P.O. Box 67013, Harrisburg, PA 17106, Attn: Application Processing.**

ACCOUNT NUMBER

CURRENT NAME ON ACCOUNT

FIRST NAME M.I. LAST NAME

NEW NAME ON ACCOUNT

FIRST NAME M.I. LAST NAME

Please return a copy of the following required documents with this form:

- A copy of an official document with your **NEW NAME** (e.g., Marriage Certificate, Court Order Name Change, Social Security Card, Adoption Records, Amended Certified Birth Certificate, U.S. Passport).

AND

- A copy of your updated driver's license or state-issued identification card. (If your new driver's license picture has not been taken yet, we will need a copy of your current driver's license AND the driver's license update card issued by the Dept. of Motor Vehicles.)

PSECU will update your name on all of your associated accounts. PSECU debit or credit card(s) will be re-issued with your new name.

SIGNATURE - NEW NAME ON ACCOUNT

DATE

FOR OFFICE USE ONLY
<input type="checkbox"/> NAME CHANGE
Date: _____ Teller: _____