



PO Box 2510
North Bend, WA 98045
425.888.4004
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www.snofalls.com

NAME CHANGE REQUEST FORM

Prior to submitting this form, a name change must be completed with the Social Security Administration and Department of Licensing. A valid Driver's License or ID Card must reflect the requested name change.

Date:

Account Number:

Full Name (previous):

Full Name (current):

(First)

(Middle)

(Last)

Reason for Change:

Document Provided:

By signing this form, you authorize Sno Falls Credit Union to update your records in our system with the current name listed above.

Signature of Previous Name

Signature of Current Name

Reissue Debit and/or Credit Card(s) (no charge)

Order new checks (prices vary)

SFCU Employee:

Please return the completed form to info@snofalls.com or visit one of our branch locations.