

# Change of Name All information is confidential



If you would like to update your name on your account, please complete the information below (one form per account). Once this form has been completed and signed, along with a copy of your updated government issued photo ID reflecting your new name, you may upload via eBranch by composing an email and attaching the completed form and updated ID, or return the documents to any Wescom branch, or mail them to: Wescom Financial, P.O. Box 7058, Pasadena, CA 91109-7058, ATTN: Deposit Operations.

## About You Please Print

Your Full Name \_\_\_\_\_  
(currently on account) First Middle Last

Account # \_\_\_\_\_

☐ Please order replacement checks with my new name (fee may apply)

*Replacement card(s) will be automatically re-issued reflecting the new name.*

## Your New Information Please Print

Your New Full Name \_\_\_\_\_  
First Middle Last

Current Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN/TIN \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

ID Description \_\_\_\_\_ ID Number \_\_\_\_\_ ID Expiration Date \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Employer \_\_\_\_\_ Occupation \_\_\_\_\_

## Mailing Address (If Applicable)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please return this form along with a current copy of your government issued photo identification (e.g. Driver's License, Passport, etc.) that reflects your new name.

Member's Signature \_\_\_\_\_

Date \_\_\_\_\_

For Credit Union Use Only

Processed by: \_\_\_\_\_

ID Verification Date: \_\_\_\_\_