



PO Box 20147 · Lehigh Valley, PA 18002-0147  
800-821-5104 · Fax: 610-841-2589 · apcifcu.org

### Name Change Application

Please use this form whenever you have a legal name change. You may return it to the address or fax number above, **along with a copy of a current unexpired photo ID reflecting your new name.**

**Please list all applicable account numbers:** \_\_\_\_\_

PREVIOUS NAME (FIRST, MIDDLE OR INITIAL, LAST)		SOCIAL SECURITY OR TAXPAYER ID NUMBER
NEW NAME (FIRST, MIDDLE OR INITIAL, LAST)		
PHYSICAL ADDRESS	CITY	STATE / ZIP CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE / ZIP CODE
PRIMARY PHONE NUMBER	ALTERNATE PHONE NUMBER	EMAIL ADDRESS

I agree that the above change on this Card amend the previously signed account card and is subject to the terms and conditions of the By-Laws and Account Agreement, Truth-in-Savings Disclosure Rate and Fee Schedule and Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union may make from time to time, which are incorporated herein by reference. I acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested above. I acknowledge and agree that the Account shall be owned with any additional owners jointly, with right of survivorship and shall be subject to withdrawal or receipt of any of the owners, and payment to any of them or the survivor or survivors shall be valid and discharge said Credit Union from any liability for such payments.

PREVIOUS NAME SIGNATURE	DATE
NEW NAME SIGNATURE	DATE

**Please contact Member Services at 800-821-5104 if you have any questions.**

CREDIT UNION USE ONLY