



BAY CITIES CREDIT UNION NAME CHANGE FORM

✓ You may use this form to change your legal name on your Bay Cities Credit Union account.

✓ Complete the entire form, attach a copy of your new driver's license or state ID, and then **fax to us at 510-885-1111** (& or mail to: **Bay Cities Credit Union, PO Box 30, Hayward, CA 94543.**

MEMBER NUMBER(S) WITH BAY CITIES

OLD NAME

NEW NAME

NEW ADDRESS (if applicable)

NEW ADDRESS (if applicable)

PO BOX

Note: We will be glad to send your mail to a PO Box, however, we will need your permanent home address for our records.)

E-MAIL ADDRESS

DAYTIME PHONE

EVENING PHONE

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

Check this box to certify that your name has been changed with the DMV. **Please attach a copy of your new Driver's License before mailing.**

Check this box to certify that your name has been changed with the Social Security Administration

MEMBER SIGNATURE _____

DATE

ID Verified By: (Operator Name/Number)