



3 S. 555 Winfield Road
Warrenville, IL 60555
630-393-7201

NAME CHANGE REQUEST

Date: ___/___/___

Member # (s): _____ Debit Card #: _____

Member Name: _____ Social Security #: _____

New Name Information:

Effective Date of Change: ___/___/___

First Name: _____

Middle Name: _____

Last Name: _____

Old Name Information:

First Name: _____

Middle Name: _____

Maiden/Last Name: _____

Member Signature: _____

All information on this form must be completed in order to effect a name change. Proof of the new name by means of a marriage certificate or updated government issued identification is required to complete the request. By signing this form I am authorizing NorthStar Credit Union to change my name as it appears above on all of my NorthStar accounts.

NorthStar Office Use Only		
<input type="checkbox"/> Sig. Checked	<input type="checkbox"/> Shares Changed	<input type="checkbox"/> Debit Changed
By: _____	By: _____	
Date: ___/___/___	Date: ___/___/___	