



Name Change Request Form

Account Number: _____

Previous Name: _____

New Name: _____

Social Security # _____

Old Signature: _____

New Signature: _____

Date: _____

The signature above shall replace the original signature on the Signature Card. All agreements made by signatory in the original documents shall continue in full force and effect.

Please deliver this form to a Bellco branch office or mail to:

Bellco Credit Union
P.O. Box 2068
Glen Burnie, MD21060

If this document is not completed and signed in the presence of a Bellco representative, all signatures must be notarized.

STATE OF _____

COUNTY OF _____

In _____, on the _____ day of _____, 20____, before me, a Notary Public in and for the above state and county, personally appeared _____, known to me or proved to be the person named in and who executed the foregoing instrument, and being first duly sworn, such person acknowledged that he or she executed said instrument for the purposes therein contained as his or her free and voluntary act and deed.

Type of ID produced: _____

Signatory ___is ___is not personally known to me

Notary Signature

My Commission Expires: _____

