La Capitol
FEDERAL CREDIT UNION

NAME, ADDRESS, AND CONTACT INFORMATION CHANGE

P.O. BOX 3398, BATON ROUGE, LA 70821-3398 • PHONE: 800-522-2748 or 225-342-5055 • FAX: 800-297-2717 or 225-342-9135 • WWW.LACAPFCU.ORG

You must attach a clear copy of your CURRENT DRIVER'S LICENSE or a VALID STATE ID when you return this form to La Cap.

PERSONAL INFORMATION (This section must be completed.)

First MI Last Jr./Sr.

Member Number | Social Security Number | Mother's Maiden Name

NAME CHANGE INFORMATION (Name on form must match current driver's license or valid state ID.)

OLD NAME First MI Last Jr./Sr.

NEW NAME First MI Last Jr./Sr.

Are you Joint on any other accounts? If yes, list member number(s) and name(s) of persons on the account(s).

Do you need a replacement debit card with this new name?
☐ Yes _____ (INITIAL HERE) ☐ No

I understand that the card and a Disclosure Agreement will be mailed to me in approximately 10 business days.

Do you need replacement checks with this new name?
☐ Yes _____ (INITIAL HERE) ☐ No

I understand that the checks will be mailed to me in approximately 15-20 business days.

ADDRESS INFORMATION

Old Mailing Address | City | State | Zip

New Mailing Address | City | State | Zip

Physical Address (if different from above) | City | State | Zip

CONTACT INFORMATION

( ) Cell Phone | ( ) Work Phone | ( ) Home Phone | Email Address

PRIMARY MEMBER'S SIGNATURE (This section must be completed.)

X

Signature | Date (mm/dd/yyyy)

Office Use Only

Date Received: _____ **by Teller #:** _____ **Received by:** ☐ Fax ☐ Mail ☐ Phone

Date Entered on System: _____ **by Teller #:** _____ **Member ID Verified by Teller #:** _____ **Method of ID:** _____

Supervisor Signature (if necessary): _____ **Supervisor Teller Number:** _____ **Date:** _____

NOTE: If a replacement debit card is requested above, forward this form to Plastic Card Services.