

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 (Social Security Card required.)

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 _____ No
INITIAL HERE
 I understand that the card and a Disclosure Agreement will be mailed to me in approximately 10 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**.