



Mail, Fax or Email **Signed & Completed** form to:

7905 Malcolm Road • Suite 311 • Clinton, MD 20375-1730  
1-800-USPS FCU • Fax: 301-856-4061 • e-Mail: uspsfcu@uspsfcu.org

REQUEST FOR CHANGE OF RECORDS (All Fields Must be Completed)											
INFORMATION ON FILE					NEW INFORMATION						
NAME					NAME*						
CURRENT ADDRESS					NEW PHYSICAL ADDRESS						
					NEW MAILING ADDRESS						
PHONE H:				W:				PHONE H:			W:
E-MAIL					E-MAIL						
SOCIAL SECURITY NUMBER					MEMBER NUMBER						
			-								
DATE					MEMBER SIGNATURE						
Credit Union Use Only: Processed by: _____ Date: _____											

**NAME CHANGE REQUIREMENTS:**

In order to change the name on your membership we require the following:

- A New **Membership Application**
- A copy of the **legal document** effecting your name change. Typical legal documents effecting name changes are marriage licenses, divorce decrees, etc.
- A copy of your new **government issued photo identification** stating your new name. Acceptable government issued photo IDs include valid driver's licenses; state issued ID cards, US passports, or US military photo IDs.