

Change of Name Form

Member Name

Date

Account Number

Email Address

Phone Number

Change Name From:

Former Name

First

Middle

Last/Suffix

Change Name To:

New Name

First

Middle

Last/Suffix

Member Signature

Date



Please send this form along with any other required documentation (i.e. Driver's License, Social Security card, etc.) to WGLFCU Member Services Department. You may email this form to information@wglfcu.org, mail to P.O. Box 1607, Springfield, VA 22151, or bring into the Springfield Branch.