



CHANGE REQUEST: NAME

Complete the following with your current personal information and indicate the account(s) requesting to be changed.

Customer Name: 	Account Number(s):
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By signing below I certify that I have provided true and accurate information.

Signature and Date

Complete this form and return it with this page by one of the following methods:

Secure Email: Login to Online Banking, click on Contact Us, and send a secure email with a scanned copy of the signed documents.

Fax to: 1-858-350-0443

Mail to:

Deposit Operations: New Accounts

P.O. Box 911039

San Diego, CA 92191-1039



Name Change

Please supply the following information.

Previous Name:	New/Current Name:
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Please sign and print your previous name below:

Signature and date

Printed Name

Please sign and print your new/current name below:

Signature and date

Printed Name

In addition to this form, proof of the name change is required. Supply a valid State ID or Driver's License in the new name and one of the following when submitting the request for name change:

- ☐ Decree of Name Change (must state both names)
- ☐ Divorce Decree
- ☐ Marriage License