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LEGAL NAME CHANGE REQUEST /SIGNATURE UPDATE FORM*

	ed for minor accounts. This form is onl uant to a valid court order or other leg	y to be used when changing the legal name on an account due to pal process.
Member Number	Current Account	Name
_		at we obtain proof of the name change requested. You ge in order for the Credit Union to act on your request.
□ Marriage License/ Certificate	☐ Divorce Decree Specifically Addressing Name Change	☐ Valid Court Order (Must ☐ Valid State/ Federal have Indication of Files) ☐ Government ID
you are associated with	n. This includes sub-accounts and	ur name on the account listed above, and any accounts of other services associated with this account number, with this account number (together "accounts").
The undersigned hereby Current Account Name	,	t Union to change my name as explained above from the
New Legal Name Printed	b	
above) / signature according true and legal signature account ownership/state signature card according change your existing against Union may report access devices; or other Credit Union shall not in that the Credit Union is I	ordingly. The undersigned authorice. I understand that by changing to tus in any way, and I further under agly. Except as expressly addressed greements or certifications with to tinformation concerning their activities will be printed / imprinted any way be prohibited from proceedings.	that this form specifically amends each account (as defined izes the Credit Union to use the following signature as my the signature on my account this does not change my trstand that this form specifically amends each account each herein, this document does not in any way alter or to the Credit Union. The undersigned consents that the counts using the New Legal Name listed herein. Checks; I using the New Legal Name as it appears above; however, cessing any orders or transactions; responding to requests bond to or otherwise recognizing matters directed to the opriate or required that the Credit Union do so.
New Legal Name Signat	ure	 Date
Curis Financial Employe	e Signature	Date
*Notary Information red by individual to be iden	-	redit Union Employee, or if not returned in person with ID
State of:		County of:
Subscribed and sworn	before me this day of	
Notary Signature:		Commission Expires:

Revised: 2024 08