Tower Federal Credit Union

7901 Sandy Spring Rd.
Laurel, MD 20707-3589
301-497-7000 | 800-787-8328
towerfcu.org

Signature/Name Update Form

Please use black ink only.

ACCOUNT NUMBER _____

☐ **Update Signature** ☐ **Name Change**† ☐ Check this box if updating your Address/Phone number(s)/Email on file.

☐ **Primary Member** ☐ **Joint Owner** ☐ **Convenience User**

NAME (current)_____ LAST FOUR OF ☐ SSN ☐ TIN _____ DOB_____/_____/_____
(Last) (First) (Middle Initial)

IF NAME CHANGE

NAME (previous) _____
(Last) (First) (Middle Initial)

ADDRESS _____ CITY _____ STATE _____ ZIP_____

PHONE (H) _____ (O) _____ (C) _____ E-MAIL _____

DRIVERS LICENSE/GOV. ISSUED ID/U.S. MILITARY ID*: STATE _____ NO. _____ ISS._____/_____/_____ EXP._____/_____/_____
(circle one)

† ***Documentation Required.***

****If mailing or faxing form to Tower, please include copy of ID.***

☐ **Update Signature** ☐ **Name Change**† ☐ Check this box if updating your Address/Phone number(s)/Email on file.

☐ **Primary Member** ☐ **Joint Owner** ☐ **Convenience User**

NAME (current)_____ LAST FOUR OF ☐ SSN ☐ TIN _____ DOB_____/_____/_____
(Last) (First) (Middle Initial)

IF NAME CHANGE

NAME (previous) _____
(Last) (First) (Middle Initial)

ADDRESS _____ CITY _____ STATE _____ ZIP_____

PHONE (H) _____ (O) _____ (C) _____ E-MAIL _____

DRIVERS LICENSE/GOV. ISSUED ID/U.S. MILITARY ID*: STATE _____ NO. _____ ISS._____/_____/_____ EXP._____/_____/_____
(circle one)

† ***Documentation Required.***

****If mailing or faxing form to Tower, please include copy of ID.***

_____
PRIMARY SIGNATURE DATE

AND/OR

_____
JOINT/CONVENIENCE USER SIGNATURE DATE

FOR OFFICIAL USE:

Date	Branch No.	Name Change Documentation
Processed By (Teller No./Initials)		Checked By (Teller No./Initials)