



NAME CHANGE FORM

Please complete the information below to change your name with the Credit Union. Please return this form along with a copy of your new Driver's license or any state-issued photo identification that reflects your new name and contains your correct address.

YOUR CURRENT INFORMATION

Your Full Name _____
First Middle Last
Member # or Account # _____ Social Security # _____

YOUR NEW INFORMATION

Your New Full Name _____
First Middle Last
Current Physical Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Date of Birth _____ Mother's Maiden Name _____
Employer _____ Occupation _____
E-Mail Address: _____

Choose one of the following (required): ☐ Driver's License ☐ State-Issued ID
ID # _____ State Issued _____ Issue Date _____ Expiration Date _____
Mailing Address (if different than physical address above)
Address _____
City _____ State _____ Zip _____

SIGNATURE

Member's Signature _____ Date Completed _____

Mail: Send completed form and photocopy of photo identification to Firefighters First Credit Union, ATTN: Operation Support, PO Box 60890, Los Angeles, CA 90060

Branch: Take completed form and photocopy of photo identification to your closest Firefighters First regional office.

Fax: Fax completed form and photocopy of photo identification to 323-550-2287, ATTN: Operation Support

Email: Scan the completed form with your photocopy of photo identification to opsfax@firefirstcu.org

For Credit Union Use Only:

Date Rec'd _____ Processed by: _____ Date Processed: _____ Approved By: _____ Date Approved: _____

☐ Reorder Debit Card ☐ Reorder Credit Card ☐ Reorder checks