



NAME CHANGE AND DORMANT REACTIVATION FORM

P.O. Box 90010, Richmond, VA 23225-9010 (804) 323-6800 or (800) 285-6609

Member/CIF # _____

PERSONAL INFORMATION - all fields must be completed and submitted with proof of name change

Legal Name _____ DOB (MM/DD/YYYY) _____

SSN/ITIN _____ E-mail Address _____

Home Phone () _____ Cell Phone () _____ Work Phone () _____

Are you a: (check one) US Citizen Resident Alien Non-resident Alien Country of Citizenship _____

Physical Address _____ City, State _____ Zip _____

Mailing Address _____ City, State _____ Zip _____

Occupation _____ Employer _____

Are you a college student? No Yes School you attend _____

SIGNATURE - COMPLETION OF THE ENTIRE FORM IS REQUIRED TO COMPLETE THE CHANGES OR UPDATES.

By signing below I request VACU to make all changes necessary to any account on which my name appears. My signature below is my continuing authorization for VACU to follow my electronic, written or verbal instructions and I agree that this authorization will remain in effect unless VACU receives written and acceptable instructions to the contrary.

Account Owner Signature _____ Date _____

FOR CREDIT UNION USE ONLY:

Account Number _____ Account Number _____ Account Number _____

Account Number _____ Account Number _____ Account Number _____

Teller ID _____ Date _____ Type of Document/ID _____ ID Exp. Date _____

Document/ID Issue Date _____ Document/ID Issued by: _____ Document/ID # _____