NOTICE OF NAME CHANGE

To: Organization Name _____

Address _____

City _____ State _____ Zip Code _____

Please be advised that the following person has had a change of name:

Date For Change To Take Effect**: _____**

Current Name on File _____

Account # _____

Important Additional Details: _____

Please change the current information on file to the information below:

New Name _____

Address _____

City _____ State _____ Zip Code _____

I authorize the above record change. If there is any additional information needed, please send required forms to me at the above address or call me at

_____.

Sincerely,

_____ _____

Signature Print Name

_____

Date

-Please Find Photocopied Certificate of Marriage Enclosed or Attached