

Section 1: NAME CHANGE REQUEST

It is necessary we have a legible copy of the legal document to verify your name change.

Reason for Name Change (Please Select One):

- ☐ **Marriage** – copy of marriage certificate, driver's license, or social security card reflecting the change
- ☐ **Divorce** – copy of the divorce decree, driver's license, or social security card reflecting the change
- ☐ **Legal Name Change** – copy of supporting court documents
- ☐ **Other Reason** – copy of driver's license or social security card reflecting the change
Please describe the reason for the name change:

Section 2: CURRENT ACCOUNT INFORMATION

Account Number: XXXX-XXXX-XXXX- _ _ _ _

Contact Phone:

Current Account Owner Name:

Email Address:

Street Address:

City:

State:

Zip:

Section 3: UPDATE TO ACCOUNT INFORMATION

New Account Owner Name:

SSN:

Date of Birth:

Request Replacement Card with New Name? ☐ Yes ☐ No**Section 4: ACKNOWLEDGEMENT & SIGNATURES**

I, _____ request my name to be changed to _____ on the above reference account.
(Current Name – Please Print) (New Name – Please Print)

Cardholder Signature: _____

Date _____

- Please return completed form with required documentation to any MidFirst Banking Center location or mail to:

MidFirst Bank
Attn: Credit Card Services
501 NW Grand Blvd
Oklahoma City OK 73118

FOR INTERNAL USE: Please email completed form and supporting documentation to Credit Cards Mailbox for Processing