

The Gifford State Bank
Name Change Authorization Form

Original Name: _____ Date _____

Name Changed to: _____ SSN _____

Physical Address: _____ Phone: _____
City/State/Zip: _____ Email: _____
DL or ID # _____ State _____ Issue Date _____ Exp. Date _____

Mailing Address (If Different): _____

Deposit Accounts _____

Loan Accounts: _____

Type of Required Documentation
(copy of document must accompany this form)

Marriage
Certificate

Divorce Decree

Court Order
(Legal Name Change
Doc)

Valid Gov. Issued ID
(i.e., Driver's License)

Signature (Before Name change) _____

Signature (After Name Change) _____

Employee Signature _____