



1600 Medical Drive Pottstown PA 19464  
(610) 326-5490 or (800) 593-1000

## CHANGE OF: NAME / MAILING ADDRESS / E-MAIL ADDRESS CORRECTION OF NAME AUTHORIZATION FORM

<b>Name:</b>			
<b>Account #:</b>		<b>DL/ID Number:</b>	
<b>Assoc. Accounts:</b>	<b>#</b>	<b>#</b>	<b>#</b>
<b>Date of Request:</b>		<b>Effective Date:</b>	

### Address/Email Change

<b>New Address:</b>		
<b>New City:</b>	<b>State:</b>	<b>Zip:</b>
<b>New Home Phone:</b>	<b>New Cell Phone:</b>	
<b>New Business Phone:</b>		<b>Ext.:</b>
<b>New Email:</b>		

### Name Change

<b>Previous Name:</b>	
<b>New Name:</b>	
<b>Identification Required:</b> Driver's License Social Security Card Other Gov. Issued ID	<b>Additional Document Required:</b> <i>(Minimum of One)</i> Marriage Certificate Legal Document (Divorce Decree/Legal Name Change)

### Name Correction *(\*Updated Identification is Required)*

<b>Previous Name:</b>
<b>Corrected Name:</b>

### Authorization

<b>Signature:</b>	<b>Date:</b>
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