



## INFORMATION UPDATE FOR CURRENT ACCOUNT

This form is for current customers only who have an active account.  
Please include applicable legal documents such as marriage license, death certificate,  
etc. and two forms of identification.

Current Name on Account \_\_\_\_\_

Service Address \_\_\_\_\_

Billing Address, if different \_\_\_\_\_

I hereby request that the name on my account be changed to:

Legal Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

The reason for my request is: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

SS# \_\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse or Co-Occupant Legal Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Their Work Phone \_\_\_\_\_ Their Cell Phone \_\_\_\_\_ Their SS# \_\_\_\_\_

Please list a password for your account \_\_\_\_\_

and a reminder, in case you forget your password: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you cannot submit this form in person we require that this form be notarized and submitted with very clear legible copies of two forms of identification one of which must be a photo I.D. and related legal documents. We will not change the name until documents are received and are legible.

NOTARY STAMP OR SEAL

Notary Public \_\_\_\_\_

County of \_\_\_\_\_ State of \_\_\_\_\_

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_

My commission expires \_\_\_\_\_