

Name Change Authorization Form

Full Former Name (First/Middle/Last):	
Effective Date:	
Full Name after Change (First/ Middle/Last):	
Date of Birth and/or SSN:	

I authorized Cambridge Savings Bank to change my name on all Cambridge Savings Bank account(s) that I am affiliated with.

Address:

Home Phone:	Cell Phone:	Business Phone:
Home Email:		Business Email:
Primary ID:		
<input checked="" type="checkbox"/> X		

	Branch:	Changed By:	Date:
	<i>License has been scanned image only into DNA</i> Yes / No		
	<i>Court document scanned into appropriate electronic storage system</i> Yes / No		

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared
 (1) _____ (2) _____ (3) _____
 [name of document signer(s)], proved to me through satisfactory evidence of identification, which were (1a) _____
 (1b) _____ (2a) _____
 (2b) _____ (3a) _____
 (3b) _____, to be the person(s) whose name is signed on the preceding document in my presence and who swore or affirmed to me that the above information is truthful and accurate.

 Notary Signature

 Notary Seal