

## 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:		
	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