

NAME CHANGE REQUEST



Change Reason		
Choose Reason:	<input type="checkbox"/> Marriage	<input type="checkbox"/> Divorce - resuming maiden name
	<input type="checkbox"/> Misspelling	<input type="checkbox"/> Change of business name - same owners
	<input type="checkbox"/> Other (explain)*: _____	<input type="checkbox"/> Divorce - relinquishing account* <input type="checkbox"/> Deceased spouse

Current Customer Information											
Existing Customer Information	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">First Name:</td> <td style="width: 50%; border-bottom: 1px solid black;">Last Name:</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Business Name:</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Account No.:</td> <td style="border-bottom: 1px solid black;">Social Security/Federal ID Number:</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Service Address:</td> <td style="border-bottom: 1px solid black;">Apt/Unit/Lot #</td> </tr> <tr> <td style="border-bottom: 1px solid black;">City:</td> <td style="border-bottom: 1px solid black;">State: Zip code:</td> </tr> </table>	First Name:	Last Name:	Business Name:		Account No.:	Social Security/Federal ID Number:	Service Address:	Apt/Unit/Lot #	City:	State: Zip code:
First Name:	Last Name:										
Business Name:											
Account No.:	Social Security/Federal ID Number:										
Service Address:	Apt/Unit/Lot #										
City:	State: Zip code:										

New Customer Information													
<i>The following information must be filled out by the individual assuming account responsibility.</i>													
New Customer Information	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">First Name:</td> <td style="width: 50%; border-bottom: 1px solid black;">Last Name:</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Business Name:</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Email:</td> <td style="border-bottom: 1px solid black;">Social Security/Federal ID Number:</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Mailing Address:</td> <td style="border-bottom: 1px solid black;">Apt/Unit/Lot #</td> </tr> <tr> <td style="border-bottom: 1px solid black;">City:</td> <td style="border-bottom: 1px solid black;">State: Zip code:</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Primary Phone:</td> <td style="border-bottom: 1px solid black;">Secondary Phone:</td> </tr> </table>	First Name:	Last Name:	Business Name:		Email:	Social Security/Federal ID Number:	Mailing Address:	Apt/Unit/Lot #	City:	State: Zip code:	Primary Phone:	Secondary Phone:
First Name:	Last Name:												
Business Name:													
Email:	Social Security/Federal ID Number:												
Mailing Address:	Apt/Unit/Lot #												
City:	State: Zip code:												
Primary Phone:	Secondary Phone:												

Required Documents	
Marriage: copy of marriage license or updated drivers license or social security card	Divorce - resuming maiden name: copy of marriage license or updated drivers license or social security card
Misspelling: social search or copy of drivers license	Divorce - relinquishing account:* completed form & both parties signature
Change of business name: same owners: copy of updated W9 or tax document	Deceased spouse: copy of death certificate

Change Request Confirmation	
Current Customer Signature: _____	Date: _____
New Customer Signature*: _____	Date: _____
<i>Change reasons marked with an asterisk (*) above may require the current customer signature and signature of new customer assuming responsibility of the account.</i>	

Office Use	
<i>Below is for Santee Cooper office use.</i>	
Approved By: _____	Date: _____