

Name Change/ Deletion Request



Please complete the following information and return along with a newly completed application on the person assuming sole responsibility on the account. Please note any membership and or deposit on the account will remain on the account with the party residing at location.

Account Number _____

Map Locations Number _____

Current Capital Credit Number _____

Account Name _____

Deletion Name _____

Change Name To _____

Reason _____

Date _____

Capital Credit Number Changed To _____

Signature of person requesting deletion and release of responsibility from account

Name Social Security Number Date

Signature

Signature of person assuming responsibility of account

Name Social Security Number Date

Signature

Processed By _____
CREC Employee Date