



## Request for Individual Name Change

Please mail this form to CBU, P.O. Box 2500, Bloomington, 47402-2500; or fax to (812) 331-5407

**Please type or print:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Former Last Name: \_\_\_\_\_

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

Customer Account Number: \_\_\_\_\_

Social Security # (optional): \_\_\_\_\_

**\* Please include either a photocopy of your driver's license, a marriage license, or a divorce decree. If you send a driver's license, please make sure it shows the new name change.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_