



# Name Change Authorization

Please use the form below to request a name change on your American Express Card account(s).

## NAME INFORMATION

ORIGINAL NAME:

First Name

Middle Name or Initial (optional)

Last Name

NAME CHANGED TO:

First Name

Middle Name or Initial (optional)

Last Name

Name To Appear On Card: (Limited to 20 characters including spaces)

20 character grid for name on card

## ACCOUNT NUMBER INFORMATION

Please check **ONLY ONE** of the two options below. If you choose the second option, **please provide the account number for any Cards that you wish to have reissued in your new name.** You do not need to enter the account number for any Cards that you wish to keep your original name and current Card.

I want all Cards under my account reissued in my new name (including any Additional Cards)

I only want the following Card(s) reissued in my new name

Account Number 1: [grid] - [grid] - [grid]

Account Number 2: [grid] - [grid] - [grid]

Account Number 3: [grid] - [grid] - [grid]

## BILLING ADDRESS INFORMATION

Please enter your billing address for verification purposes. The **address** provided below **should match your billing address in our records.** Please visit [www.americanexpress.com/profile](http://www.americanexpress.com/profile) if address change is required.

ADDRESS [grid]

ADDRESS [grid]

CITY, STATE [grid]

ZIP CODE [grid] - [grid]

By submitting this name change authorization form, I:

- confirm that all information provided is correct and accurate;
- authorize American Express to change the name on each of my Card account(s) listed above and issue me a replacement Card in the new name for each such account;
- authorize American Express to use this new name when issuing renewal and replacement Cards for my account(s) listed above;
- understand American Express will only process my name change authorization after it has received both this signed form and all required documentation (including proof of name change);
- understand American Express will cancel any outstanding Card(s) for the Card account(s) listed above issued in my former name; and
- agree to destroy any Card(s) I have in my former name for the accounts listed above.

SIGNATURE:



PLEASE SIGN HERE

DATE:

Unsigned forms will not be processed.

PLEASE SUBMIT THE COMPLETED FORM ALONG WITH PROOF OF YOUR NEW NAME. Documentation reflecting your new name can be either a copy of your state-issued Identification Card, Drivers License or U.S. Passport. You can submit the completed form in the following ways:

Electronically: [www.americanexpress.com/documentcenter](http://www.americanexpress.com/documentcenter)

Please use the Name Change Authorization document category from the drop down list. Only the following file types can be Uploaded: .PDF, .DOC, .DOCX, .TIF, .JPG, .BMP, .GIF

Mail: American Express, PO Box 981540, El Paso, TX 79998-1540