# 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)

## 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 card 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:** ____ - ____ - ____

**Account Number 2:** ____ - ____ - ____

**Account Number 3:** ____ - ____ - ____

## 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 if address change is required.

**Address:**

**Address:**

**City, State:**

**Zip Code:** ____ - ____

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 th 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 with 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 account(s) 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

Please use the Name Change Authorization document category

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