

Previous address as printed on your check

*If you do not know what address was previously shown on your check, fill out to the best of your knowledge. If we cannot locate your record with the address provided below, we will not be able to reissue your check.

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name Update

PLEASE NOTE THAT ALL NAME UPDATES WILL NEED TO BE ACCOMPANIED BY DOCUMENTATION SUCH AS, BUT NOT LIMITED TO: MARRIAGE CERTIFICATE, DEATH CERTIFICATE, TRUST OR ESTATE DOCUMENT, AND/OR POWER OF ATTORNEY. NAME UPDATES WITHOUT PROPER DOCUMENTATION ATTACHED WILL NOT BE PROCESSED.

Current Name:

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous Name:

*Please give the name as it is written on the settlement check.

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Certification

BY SIGNING BELOW AND SUBMITTING THIS FORM, I HEREBY AFFIRM THAT I AM THE PERSON IDENTIFIED ABOVE, AND THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE.

Signature: Date: - -
MM DD YYYY

THIS FORM IS SOLELY FOR SETTLEMENT CHECK ADDRESS UPDATES, NAME UPDATES, AND REISSUE REQUESTS.

ANY GENERAL CASE INQUIRIES SHOULD BE SENT TO:
DAVID SUGERMAN, DAVID F. SUGERMAN ATTORNEY, PC
707 SW WASHINGTON ST., # 600
PORTLAND, OR 97205
MARLA@SUGERMANLAWOFFICE.COM
(503) 228-6474
WWW.SUGERMANLAWOFFICE.COM

For more information please call 1-866-329-5931, or visit our website at www.DebitCardClassAction.com.