



## Name Change Authorization

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

Name Information
ORIGINAL NAME: Khonda Koberts
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)
Rhondallonlll
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: 3191401650M611CALL
CITY, STATE: WOHER BUCY WILL
ZIP CODE: 0 5 6 7 4 "
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: DATE: 0/10/10
PLEASE SIGN HERE 3/13/19
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: <a href="https://www.americanexpress.com/documentcenter">www.americanexpress.com/documentcenter</a>

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