

## Payee Name Change Request Form

If your name appears incorrectly on your check, you may use this form to request that the payment administrator reissue the check with your name corrected. Mail the completed form to the address below along with appropriate documentation and the original check.

If you return the original check, a replacement check will be issued approximately 30 days after the request has been received and validated. If the original check is not returned, a replacement check cannot be issued until at least 40 days after the void date on the original check. If you provide a different mailing address, the payment administrator may validate this address based on public record information. If the payment administrator cannot validate an address, proof of address may be required.

This form may *not* be used to request that the check be reissued payable to a third party such as a spouse, heir or next of kin. If the borrower listed on the check is deceased, use either the **Sole Surviving Spouse Payment Reissue Request Form** or **Deceased Borrower Payment Reissue Request Form**. If you want to request separate checks for each borrower on the loan, use the **Split Payment Request Form**. Forms are available at [www.OcwenNYDFSPayments.com](http://www.OcwenNYDFSPayments.com).

By signing below, you represent that the information provided is true and accurate.

**Provide information about the initial check** (to the extent known):

Check Enclosed?	Check Date	Check No.	Amount	Tracking No.	Loan No.
<input type="checkbox"/> Yes <input type="checkbox"/> No					

**Reason for  
name change**

Marriage

Divorce

Legal Name

Misspelled Name

**Documentation to submit with this form**

Copy of marriage certificate or signed social security card

Copy of divorce decree stating you may resume the use of your maiden name or name confirmed by a court or signed social security card

Name change document confirmed by a court or signed social security card

Driver's license or signed social security card

Name as it currently appears on check: \_\_\_\_\_

Name as it should appear: \_\_\_\_\_

**Borrower Information**

Name	
Mailing Address	
Email	Phone
Signature	Date

**Mail form to:** Ocwen NYDFS Consent Order, PO Box 4655, Portland, OR 97208-4655

**Questions?** If you have questions, please call 1-877-541-3110 (Monday–Friday 9:00 a.m. to 9:00 p.m. Eastern Time, Saturday 8:00 a.m. to 4:00 p.m. Eastern Time) or send an email to [info@OcwenNYDFSPayments.com](mailto:info@OcwenNYDFSPayments.com).

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