

Ocwen Misdated Letter Claims Program
PO Box 4349, Portland, OR 97208-4349

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**. Forms may be requested by contacting the payment administrator at 1-877-919-9184 (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 by sending an email to info@OcwenMisdatedLetterClaims.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

Copy of name change document confirmed by a court or signed Social Security card

Copy of 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 Misdated Letter Claims Program, PO Box 4349, Portland, OR 97208-4349

Questions? If you have questions, please call 1-877-919-9184 (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@OcwenMisdatedLetterClaims.com.

**Questions? Call 1-877-919-9184 or email
info@OcwenMisdatedLetterClaims.com**