

Federally Insured by NCUA, Equal Housing Lender

Dormant Account Activation Form

First Name:		Last Name:	
Submitted on:			
If you have received a notice state. One of our representat		erify your submission.	m to prevent remittance of your account to the
Account Number (required)		Contact Information	
If you do not know your account number, please enter your social security number.			
Date of Birth	,	Area Code / Phone No.	E-Mail Address
(required)	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
How would you prefer to be contacted? (required)	C E-Mail Address C Telephone		