

Federally Insured by NCUA, Equal Housing Lender

## **Dormant Account Activation Form**

First Name:	Last Name:			
If you have received a notice state. One of our representat		fy your submission.	rm to prevent remittance of your account to the	
Account Number (required) If you do not know your account number, please enter your social security number.		Contact Information		
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)	E-Mail Address Telephone			