

## 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		verify your submission.	n 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		