



Phone: 908-527-3749 Fax: 908-527-7797

Inactive Account – Reactivation Authorization Form

Please complete, sign and return the form to us:

Fax: 908-527-7797

Mail: 505 Division Street, Elizabeth, NJ 07201

**You may also drop the form off at the address listed above

SECTION ONE – MEMBER INFORMATION	
ACCOUNT NAME	CREDIT UNION ACCOUNT NUMBER
ADDRESS ON ACCOUNT	CITY, STATE, ZIP
HOME PHONE	WORK PHONE

SECTION TWO – UPDATES TO ACCOUNT
<p>If necessary, please update any changes to the following:</p> <p>Address _____</p> <p>Home Phone _____ Work _____</p> <p>Cell Phone _____</p> <p>Email Address _____</p> <p>I am interested in additional services, please contact me regarding the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Checking Account <input type="checkbox"/> Personal Loan <input type="checkbox"/> Auto Loan Purchase <input type="checkbox"/> Auto Loan Refinance

SECTION THREE – REACTIVATION OPTIONS
<ul style="list-style-type: none"> <input type="checkbox"/> Please deposit the enclosed item(s) totaling: \$ _____ <input type="checkbox"/> Please leave the account as is and note my correspondence <input type="checkbox"/> Please close the account above and send the remaining funds to the address listed on my account

SECTION FOUR – AUTHORIZATION	
_____	_____
Member Signature	Date
_____	_____
Joint Owner Signature	Date