



Inactive Account Reactivation Authorization Form

Please complete, sign and return the form to us by fax, mail, or drop off:

- 1) Fax: (301) 576-7392**
- 2) Mail: PO Box 509, Greenbelt, MD 20768-0509**
- 3) Drop off at your nearest Branch Office location**
See locations below.

Don't miss out on the many benefits of membership – reactivate your account today!

Please print clearly in blue or black ink. Sections must be fully completed before submission.

SECTION ONE — MEMBER'S INFORMATION	
Name (Last Name, First Name, Middle Initial)	Account Number
Street Address	City, State, and Zip Code
Home Phone Number	Work Phone Number
Email Address	

SECTION TWO — REACTIVATION OPTIONS
<input type="checkbox"/> Please deposit the enclosed item(s) totaling: \$ _____
<input type="checkbox"/> Please reactivate my account and note my correspondence.

SECTION THREE — AUTHORIZATION	
_____ Primary Member's Signature	_____ Date
_____ Joint Accountholder's Signature	_____ Date

Main Branch: PO Box 509, Greenbelt, MD 20768-0509
Phone: (301) 289-9800 **Toll-Free:** (800) 722-8068 **Fax:** (301) 576-7392
Visit us on the web at: www.tefcu.org