



## 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

**DC Branch:** 2440 Market Street, NE, Suite 901, Washington, DC 20018  
**VA Branch:** 5948 Richmond Highway, Alexandria, VA 22303  
**Phone:** (301) 289-9800 **Toll-Free:** (800) 722-8068 **Fax:** (301) 576-7392  
**Visit us on the web at:** [www.tefcu.org](http://www.tefcu.org)