



## 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

**Phone:** (301) 289-9800 **Fax:** (301) 576-7392

**Visit us online at:** [www.tefcu.org](http://www.tefcu.org)