



Activate Account Authorization Form

ACCOUNT NUMBER	PRIMARY MEMBER'S NAME	REQUESTED BY <input type="checkbox"/> Primary <input type="checkbox"/> Joint _____	EFFECTIVE DATE
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I, _____ hereby authorize Aloha Pacific Federal Credit Union to update the status of the above account and products to "active".

ACCOUNT OWNER SIGNATURE

DATE

FOR OFFICE USE ONLY:				
<input type="checkbox"/> MAILED TO MEMBER	Date Mailed: _____	Teller #:	Teller 1 st Initial and Last Name:	
ACCOUNT OWNER SIGNATURE VERIFIED BY:		Teller #:	Teller 1 st Initial and Last Name:	Date: _____
TYPE OF ID USED TO VERIFY ACCOUNT OWNER'S SIGNATURE:				
<input type="checkbox"/> Acct Card <i>(if request not presented in person)</i>	Type of Identification:	ID#:	Issue Date:	EXP:
NOTES:				