



# INACTIVE ACCOUNT REACTIVATION AUTHORIZATION FORM

**Please complete, sign and return the form to us:**

- 1) Fax: 301-249-0587
- 2) Mail: P.O. Box 1730, Bowie, MD 20717-1730
- 3) Drop off at your nearest Branch Office location  
Find a location near you at [nasafcu.com/locations](http://nasafcu.com/locations).
- 4) Call Center: 1-888-NASA-FCU, Ext. 203

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 INFORMATION	
ACCOUNT NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)	CREDIT UNION ACCOUNT NUMBER
ADDRESS ON ACCOUNT	CITY, STATE, ZIP
HOME PHONE ON ACCOUNT	WORK PHONE ON ACCOUNT

SECTION TWO — UPDATES TO ACCOUNT
If necessary, please update any changes to the following:
Address _____ _____
Home Phone _____ Work Phone _____
eMail Address _____
I am interested in additional services, please send literature about:
<input type="checkbox"/> Home Loans <input type="checkbox"/> Auto Loans <input type="checkbox"/> Credit Cards <input type="checkbox"/> Investment Services

SECTION THREE — REACTIVATION OPTIONS
<input type="checkbox"/> Please deposit the enclosed item(s) totaling: \$ _____ <input type="checkbox"/> Please leave the account as is and note my correspondence (even though you take this action, your account may still be subject to an inactivity fee). <input type="checkbox"/> Please close the account above and transfer the funds to Account # _____ on which I am the primary and/or joint owner.

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

