

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 Rebels CU, a Division of 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:

☐ **MAILED TO MEMBER** Date Mailed: _____ Teller #: _____ Teller 1st Initial and Last Name: _____

ACCOUNT OWNER SIGNATURE VERIFIED BY: Teller #: _____ Teller 1st Initial and Last Name: _____ Date: _____

TYPE OF ID USED TO VERIFY ACCOUNT OWNER'S SIGNATURE:

☐ Acct Card
(if request not presented in person) Type of Identification: _____ ID#: _____ Issue Date: _____ EXP: _____

☐ DocuSign

NOTES: