Activate Account Authorization Form

Phone: (702) 776-6900

Revised: 08/20/2025

ACCOUNT NUMBER	PRIMARY	MEMBER'S NAME	REQUESTED BY		EFFECTIVE DATE
			☐ Primary ☐ Joint		
l,			hereby authorize	e Rebels CU, a Divisio	on 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:					
	-11 0	ate Maileu.		midi dila Edot Hamo.	
ACCOUNT OWNER SIGNATURE VERIFIED BY: Teller #: Teller 1 st 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		racrimoation.			
NOTES:					

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