

# REACTIVATION FORM

**PLEASE NOTE.** It is LPCCU's policy to charge a monthly fee of \$5.00 for a dormant account (any account with no activity for a twelve-month period). Unless the account is reactivated, the fee will continue until the account is depleted and closed. If an account is inactive for a period of three years, LPCCU is required by law to turn over the funds to the Unclaimed Property Unit of the state in which you reside.

Please print and sign clearly in blue or black ink. Sections must be fully completed. Return this form using the enclosed self-addressed stamped envelope.

SECTION ONE: PRIMARY MEMBER INFORMATION		
Member Name*	Member Number*	
Street Address*	City, State, ZIP Code*	
Home Phone Number	Mobile Phone Number*	
Work Phone Number	Email Address*	
SECTION TWO: JOINT OWNER INFORMATION <i>(if applicable)</i>		
Joint Owner Name		
Street Address	City, State, ZIP Code	
Home Phone Number	Mobile Phone Number	
Work Phone Number	Email Address	
SECTION THREE: REACTIVATION PLAN <i>(select one)</i>		
<input type="checkbox"/> Please deposit the enclosed item(s) totaling \$_____.		
<input type="checkbox"/> Please reactivate my account by noting this correspondence to certify I acknowledge this account.		
<input type="checkbox"/> Please close my account.		
SECTION FOUR: AUTHORIZATION <i>(signature is required)</i>		
_____	_____	_____
Primary Member's Name Printed*	Primary Member's Signature*	Date
_____	_____	_____
Joint Owner's Name Printed	Joint Owner's Signature	Date



Don't miss out on the many benefits of membership—  
**reactivate your account today!**