



Eaton Family
CREDIT UNION, INC.

Personal Banking Service-Quality You Deserve!

Dormant Account Reactivation Form

Date ____/____/____ Member's Account Number: _____

Member's Name: _____

Street Address: _____

City _____ State _____ Zip _____

Previous Street Address: _____

Previous City: _____ State _____ Zip _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ Email Address: _____

Last four SSN: _____ DOB ____/____/____

Driver's License No: _____ Exp. Date: _____ State: _____

Member's Signature _____ **Date** _____

-
- YES, I authorize Eaton Family Credit Union to reactivate my dormant account and will begin utilizing my benefits of my membership.
 - YES, I authorize Eaton Family Credit Union to close my dormant account.
-

Request processed by: _____ Date: _____

Verified by: _____ Date: _____

Mail to:
Eaton Family Credit Union
333 Babbitt Road
Euclid, Ohio 44123