

**VIRIVA COMMUNITY CREDIT UNION  
DORMANT REACTIVATION FORM**

Member's Name:		
Account Number:	Type of Account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <small>Suffix 000      Suffix 009</small>	
Email:	Daytime Phone:	
Physical Address:		
Last four SSN:	DOB:	
Driver's License No.:	Exp Date:	State:

**DORMANT REACTIVATION AUTHORIZATION**

I, \_\_\_\_\_, authorize Viriva Community Credit Union to reactivate my dormant account as it is not abandoned and I am receiving my quarterly statements.

\_\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Signature of Authorized Account Signer      Date

<p><b>MAIL TO:</b></p> <p><b>Viriva Community Credit Union</b>  <b>157 York Rd.</b>  <b>Warminster, Pa. 18974</b></p>	<p style="text-align: center;"><b>For Credit Union Use Only</b></p> <p>Date Received: ____/____/____    Received By: _____</p> <p style="text-align: right;">Extension: _____</p> <p>Date Processed: ____/____/____    Processing</p> <p style="text-align: right;">Override Employee: _____</p> <p style="text-align: right;">Extension: _____</p> <p><input type="checkbox"/> Tracker added    <input type="checkbox"/> Docs Scanned    <input type="checkbox"/> I reviewed all information including the suffix and acct #s.</p>
---	---