Request To Reopen Card

I request for the following card to be reopened:

Last 4 Digits of Card #: _____

Cardholder Name: _____

Expiration Date: _____

Member #: _____

I understand that if this request is not made in person and my signature cannot be verified, the notary section must be completed.

Member Signature:_____ Date: _____

DL#:_____

State of_____

County of_____

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public:_____

FOR CREDIT UNION USE ONLY

Received by:_____ Date: _____

Processed by:_____ Date: _____

Houston Texas Fire Fighters
Federal Credit Union