



Password Request Form

This form is required to be completed in full for all requests regarding passwords. Each account requesting a password will require its own form to be submitted. Please inform any joint owners on this account of this password request. This request applies **only** to the account specified on this form.

Return form to: Northwest Federal Credit Union, Attention: Security Department, P.O. Box 1229, Herndon, VA 20172-1229 or by FAX to 703-925-5107.

Password Requested For: (select one)		Request Type (select one)	
<input type="checkbox"/> Account (all transactions)	<input type="checkbox"/> Wires Only	<input type="checkbox"/> New Password	<input type="checkbox"/> Update current password
		<input type="checkbox"/> Delete/Remove password	
Account Information			
Primary Account Holder: _____			
Share Account Number (last 5 digits only): _____			
Daytime Telephone Number: _____			
Evening Telephone Number: _____			
Email Address: _____			
Case Sensitive Password (minimum 6 characters): _____			
Signatures			
Signature: _____		Date: _____	

If you believe your password has been compromised, NWFCU recommends that you immediately change your password and contact the Security Department, at 703-709-8900, ext. 6298 or 1-800-336-3384 (toll-free).

Credit Union Use Only	
Completed by: _____	Date: _____

Funds Transfer Authorization Agreement & Notice Acknowledgement

By signing below, I, Member, and Joint Owner(s), if any, acknowledge that I have received a copy, read, and agree to the terms and conditions of the Funds Transfer Authorization Agreement & Notice.

Member's Signature

Date

Member's Printed Name

Joint Owner's Signature

Date

Joint Owner's Printed Name

Account Number (Last five digits)

Mailing Address

City

State

Zip

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Daytime Phone Number

Evening Phone Number

Email Address

