



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.

Request Type (select one)

- New Password
- Update Current Password
- Delete/Remove Password

Account Information

Primary Account Holder: _____

Share Account Number (last 5 digits only): _____

Daytime Telephone Number: _____

Evening Telephone Number: _____

Email Address: _____

Password Information

- Important Instructions:**
1. Must be a minimum of 6 characters
 2. Your password is case sensitive
 3. Do not enter "same" on the password line

Password: _____

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

