



Password Request Form

This form is required to be completed in full for all requests regarding passwords. Signatures are required for all joint owners on your account. These changes will apply to **only** those accounts 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 (please print):	
Signatures	
Primary Owner: _____	Date: _____
Joint Owner: _____	Date: _____
Joint Owner: _____	Date: _____
Joint Owner: _____	Date: _____
Joint Owner: _____	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
Forward to:
<input type="checkbox"/> Records
<input type="checkbox"/> Security
Completed by: _____ Date: _____