



Healthcare Employees Federal Credit Union

I, _____ (member name), am aware that my HEFCU account is dormant. At this time, I would appreciate it if you would reactivate this account. I understand in order to keep my account active all I need to do is make a deposit or withdrawal once a year. Furthermore, I am aware that I will need to maintain a balance of at least \$100 in the account to avoid a fee.

I will be doing the following transaction today to reactivate my account # _____ (HEFCU Account #):

Withdrawal Amount \$ _____ Suffix _____

Deposit Amount \$ _____ Suffix _____

Date

Member Signature

Please send this form back to HEFCU with a copy of your driver's license. It can be sent to our office via fax to 609-275-4194, email to hfcu@hfcu.com, or mail to 29 Emmons Drive, Suite C40, Princeton, NJ 08540.