



832 South Hotel Street • Honolulu, Hawaii 96813

Activate Account Authorization Form

| | | | |
|----------------|-----------------------|---|----------------|
| ACCOUNT NUMBER | PRIMARY MEMBER'S NAME | REQUESTED BY <input type="checkbox"/> Primary <input type="checkbox"/> Joint _____ | EFFECTIVE DATE |
|----------------|-----------------------|---|----------------|

I, _____ hereby authorize Hawaii National Guard Credit Union to update the status of the above account and products to "active".

ACCOUNT OWNER SIGNATURE

DATE

| FOR OFFICE USE ONLY: | | | | |
|---|-------------------------|-----------|---|-------------|
| <input type="checkbox"/> MAILED TO MEMBER | Date Mailed: _____ | Teller #: | Teller 1 st Initial and Last Name: | |
| ACCOUNT OWNER SIGNATURE VERIFIED BY: | | Teller #: | Teller 1 st Initial and Last Name: | Date: _____ |
| TYPE OF ID USED TO VERIFY ACCOUNT OWNER'S SIGNATURE: | | | | |
| <input type="checkbox"/> Acct Card <i>(if request not presented in person)</i> | Type of Identification: | ID#: | Issue Date: | EXP: |
| <input type="checkbox"/> DocuSign | | | | |
| NOTES: | | | | |