



Houston Texas Fire Fighters Federal Credit Union

REQUEST TO REOPEN CARD

I request for the following card to be reopened:

Last 4 Digits of Card Number _____

Cardholder Name _____

Expiration Date _____

Member Number _____

I understand that if this request is not made in person and my signature can not be verified, the notary section must be completed.

Member Signature

Date

DL#

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

CREDIT UNION USE ONLY

Received by:

Processed by:

Employee's Name

Date

Employee's Name

Date