

DORMANT ACCOUNT RELEASE FORM

1. **Member Present:** Please release the dormant account(s) listed below:

Member Name	Member Number	Other Account			
		Yes		No	
		Yes		No	
		Yes		No	

Authorized Signature

Date

Signer's Name *(please print)*

Relationship *(Member, Joint Owner, Custodian, Trustee, etc.)*

2. **Member Not Present – Written Request:** Email, Fax, Mail, or Night Depository
Request verified with signature on document provided

Member Name	Member Number	Document Type

3. **Member Not Present – Telephone Request:** Security Questions Documented

Member Name	Member Number
Security Password:	
Partial SSN / DOB:	
# of out of pocket questions and answers	

Please return the completed form with a legible copy of your unexpired government issued photo identification in person or by night depository at your local branch, via fax to 561.226.5415, or by mail to iTHINK Financial, P. O. Box 5090, Boca Raton, FL 33431-0890. For assistance, please contact us at 800.873.5100, 561.982.4700 or serviceplus@ithinkfi.org, or visit our website at www.ithinkfi.org for more information.

Find out how we can help move you forward.

P.O. Box 5090 | Boca Raton, FL 33431 | 561.982.4700 | 800.873.5100
ithinkfi.org | serviceplus@ithinkfi.org



CU USE ONLY			
Completed By:		Reviewed By:	
Name:	Op #:	Name:	Op #:
Branch #:	Date:	Branch #:	Date: