

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 document's signature.

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	

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 IBMSECU, P. O. Box 5090, Boca Raton, FL 33431-0890. For assistance, please contact us at 800.873.5100, 561.982.4700 or serviceplus@ibmsecu.org, or visit our website at ibmsecu.org for more information.

 	P.O. Box 5090 Boca Raton, FL 33431	561.982.4700 800.873.5100	serviceplus@ibmsecu.org ibmsecu.org	 IBMSECU Your time. Your money. Your future.
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FOR CREDIT UNION USE ONLY		IBM Southeast Employees' Credit Union (IBMSECU) – Dormant Account Release Form – 11/2015	
Completed By		Reviewed By	
Name:	OP #:	Name:	OP #:
Branch #:	Date:	Branch #:	Date: