



Member Service Center
28251 Lorain Road
North Olmsted, Ohio 44070
(216) 535-3200
Fax: (216) 535-3115

Dormant Account Reactivation Form

Date ____/____/____ Member's Account Number: _____

Member's Name: _____

Street Address: _____

City _____ State _____ Zip _____

Previous Street Address: _____

Previous City: _____ State _____ Zip _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ Email Address: _____

SSN: _____ - _____ - _____ DOB ____/____/____

Driver's License No: _____ Exp. Date: _____ State: _____

Member's Signature _____ Date _____

☐ YES, I authorize Century Federal Credit Union to reactivate my dormant account.

☐ YES, I authorize Century Federal Credit Union to close my dormant account.

Request processed by: _____ Date: _____

Verified by: _____ Date: _____

Mail to:
Century Federal Credit Union
Attn: Member Service Center
28251 Lorain Road
North Olmsted, Ohio 44070