



**KEKAHA  
CREDIT UNION**

A Division of Aloha Pacific Federal Credit Union  
832 South Hotel Street | Honolulu, HI 96813

# Activate Account Authorization Form

ACCOUNT NUMBER	PRIMARY MEMBER'S NAME	REQUESTED BY <input type="checkbox"/> Primary <input type="checkbox"/> Joint _____	EFFECTIVE DATE
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I, \_\_\_\_\_ hereby authorize Kekaha Credit Union to update the status of the above account and products to "active".

\_\_\_\_\_  
ACCOUNT OWNER SIGNATURE

\_\_\_\_\_  
DATE

## FOR OFFICE USE ONLY:

**MAILED TO MEMBER**    Date Mailed: \_\_\_\_\_    Teller #: \_\_\_\_\_    Teller 1<sup>st</sup> Initial and Last Name: \_\_\_\_\_

**ACCOUNT OWNER SIGNATURE VERIFIED BY:**    Teller #: \_\_\_\_\_    Teller 1<sup>st</sup> Initial and Last Name: \_\_\_\_\_    Date: \_\_\_\_\_

**TYPE OF ID USED TO VERIFY ACCOUNT OWNER'S SIGNATURE:**

Acct Card  
*(if request not presented in person)*    Type of Identification: \_\_\_\_\_    ID#: \_\_\_\_\_    Issue Date: \_\_\_\_\_    EXP: \_\_\_\_\_

DocuSign

**NOTES:**