



PASSWORD REQUEST

Member Acknowledgment

I hereby authorize the Los Angeles Police Federal Credit Union to place a password on my account(s). For my protection I understand that I and/or the joint account holder(s) will be asked for the password each time I/we contact Los Angeles Police Federal Credit Union via phone for identity verification prior to receiving account information or transaction requests. I understand that if I/we forget the password, no account information or transaction requests will be provided by Los Angeles Police Federal Credit Union via phone, and that I will need to access my account(s) via the branch, CODE 3 or online/mobile banking.

Member Information

Member Name: _____

Member number(s): _____

Daytime Phone: _____

Add

Delete

Change

Password: _____

Your request will be processed within one (1) business day of the submission of this form.

We cannot accept responsibility for delays due to forgotten password.

Member Signature _____ Date _____

Credit Union Use Only

Associate Name: _____

OP # _____

Date of Request: _____

Time: _____