

# LAPFCU

## LOS ANGELES POLICE FEDERAL CREDIT UNION TELEPHONE PASSWORD REQUEST

### Member Acknowledgement

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 will be asked for the password each time I 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 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

(PLEASE PRINT ALL INFORMATION)

Member Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Member Number: \_\_\_\_\_

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: \_\_\_\_\_