

TOWN OF HEMPSTEAD EMPLOYEES FEDERAL CREDIT UNION REINSTATEMENT LETTER

To Whom It May Concern:

I, _____, would like to re-open my account with (Name) the Town of Hempstead Employees Federal Credit Union.

Social Security Number: Previous Member Number:

Signature	

Date_____

Contact #_____

Please return this form to TOHEFCU in person or by mail.

FOR CREDIT UNION USE ONLY:

Approved by: _____

Denied by: _____

Reason:_____