



## Request to Reopen Checking Account

To request that your checking account be reopened,  
please return this completed form to the Credit Union.

Date: \_\_\_\_\_

To: Share Draft Committee  
UVA Community Credit Union  
3300 Berkmar Drive  
Charlottesville VA 22901

From: \_\_\_\_\_  
Name on Account

\_\_\_\_\_

Street Address

City

State

Zip

Credit Union Account Number: \_ \_ \_ \_ \_

### RE: Request to reopen checking account

I am requesting that the Credit Union reopen my checking account.

Reason the account was closed: \_\_\_\_\_

\_\_\_\_\_

Factors to consider to reopen account: \_\_\_\_\_

\_\_\_\_\_

I have direct deposit into my Credit Union account:  Yes  No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date