



Mailing Address:
P.O. Box 72, Chesterfield, VA 23832-0001
Tel: 1-800-94-DFFCU 804-748-9488
www.dupontcu.org

ACCOUNT PASS CODE

I _____ account #_____ request my
account pass code to be_____. I understand this pass code will be
used for identification purposes as an alternative to giving personal information.
This pass code will be used when owners on the account are requesting account
information especially by telephone.

If at any time, I feel the account pass code has been compromised, I may change it
by providing a valid picture ID and completing a new pass code request form. I
understand that should my pass code be compromised with my knowledge and I do
not notify the Credit Union, the Credit Union may not be held responsible.

Member's Signature Date

Joint Owner's Signature Date

Office Use Only

Date code placed on system: _____ Employee's Initials _____