



**PASSWORD SELECTION AND AUTHORIZATION**

Passwords are now required to access your account when speaking to a Belvoir FCU representative for telephone transactions and account information, faxed wire transactions and foreign currency orders.

**This password is not the same password/PIN for BOB online banking, BelTel Audio Teller, ATM or VISA cards. Your existing passwords/PINs are still current for those methods of access and are not accessible by our employees.**

Please fill out the section below. You will need to have your signature notarized if you choose to mail the form to Belvoir FCU. A notary is not necessary if you return this form in person to one of our branches and provide proper photo identification.

\_\_\_\_\_  
*Password (type or print clearly-up to 10 characters)*

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
*Member Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Account Number*

\_\_\_\_\_  
*Primary Owner's Signature Required*

**I agree to provide this password when calling to speak to a telephone representative of Belvoir FCU before any transactions can be processed. I also agree to provide this password for faxed wire requests or foreign currency requests. This includes providing the password in writing on required forms. I further understand that if any joint members on this account need to have these same type of transactions processed, they will need to provide the password as well.**

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I, \_\_\_\_\_, a Notary Public for \_\_\_\_\_  
County in the State of \_\_\_\_\_, do hereby certify  
that \_\_\_\_\_ personally appeared before me this  
(NAME OF PRIMARY OWNER)  
day and acknowledged the due execution of this instrument. Witness my hand and Official  
Notarial, this \_\_\_\_\_ day of \_\_\_\_\_,  
(MONTH) (YEAR)

\_\_\_\_\_/Commission expires: \_\_\_\_\_ ID# \_\_\_\_\_  
(PRINTED NAME OF NOTARY)

\_\_\_\_\_  
(SIGNATURE OF NOTARY)

Please mail this notarized authorization to: Belvoir Federal Credit Union  
14040 Central Loop  
Woodbridge, VA 22193

**CU Use Only:** Teller # accepting password form: \_\_\_\_\_ Date: \_\_\_\_\_  
Checklist: Members ID verified: \_\_\_\_\_ ID that was used: \_\_\_\_\_  
ID information updated on Symitar \_\_\_\_\_ Verify address and phone numbers: \_\_\_\_\_  
Enter the Password on Symitar: \_\_\_\_\_ Date scanned: \_\_\_\_\_ (MBR correspondence)