

Restoration of Services Application

Name	Date
Member Number	Contact Phone Number
What is your request? <input type="checkbox"/> Re-establish Membership <input type="checkbox"/> Re-establish Checking Account <input type="checkbox"/> Reinstate Debit Card or ATM Privileges	

Please state reason(s) for your reinstatement request.

Please explain why your privileges were suspended.

Please forward the completed form to:

SchoolsFirst Federal Credit Union
Attn: The Restoration of Services Committee
P.O. Box 11547 Santa Ana, CA 92711

Or Fax To:

714.258.4323

**The Restoration of Services Committee will review your request within 3 weeks
and notify you of their decision via mail.**