



**Account Security Password Form**

Date: \_\_\_\_\_ Member Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Please fax your completed form to **202-385-6095** or mail it to:

**Transportation Federal Credit Union  
Attn: Member Contact Center  
P.O. Box 25947  
Alexandria, VA 22313-9809**

**1. Security Password**

In order to safeguard our member’s personal information, TFCU requires members to set up a security password for your account at the Credit Union. The security password is a word or range of numbers chosen by you that will assist TFCU in verifying your identity and protect the integrity of your accounts(s) when you are unable to visit our branch locations.

List your password here: \_\_\_\_\_  
Password must be between four (4) and ten (10) letters and/or numbers.

**2. Signature**

By signing below, I request the described service(s) above and I agree to the terms and conditions governing the service(s), including any fees and charges. I understand that I am responsible for maintaining the security of my Contact Center, DOTTIE, and Online Account Access passwords and access codes. I also understand that I am liable for any transactions done by anyone using that password or access code, whether or not I have authorized that usage. I hereby agree that Transportation Federal Credit Union is not liable for any loss incurred by me providing TFCU with incorrect information. In addition, I agree not to choose a password that could be perceived as vulgar or offensive by others.

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

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

**For internal use only**

TFCU received and processed on: \_\_\_\_\_ By: \_\_\_\_\_