

Dormant Account Reactivation Form

UMB Bank

Attn: Bank Operations
PO Box 161238
Altamonte Springs, FL 32714

Return Completed Form Via

Fax: 866-557-0109

OR Email

info@rmbenefits.com

Account Holder's Name	
Last 4 Digits of Account Number	

Current Information on File			
Street Address			
City			
State		Zip Code	
Primary Phone		Cell Phone	
Email Address			
Initial the Box on the Right to indicate the above information is correct or provide updated information below.			<input style="width: 40px; height: 20px;" type="checkbox"/>

Updated Information			
Street Address			
City			
State		Zip Code	
Primary Phone		Cell Phone	
Email Address			

My above-mentioned account is in dormant status. Please reactivate my account based upon the enclosed documents.

X _____
Signature of Account Holder «FIRST_NAME» «LAST_NAME»

_____/_____/_____
Signature Date

Please attach or include copy of your current ID: Driver's License, State ID card or Passport.