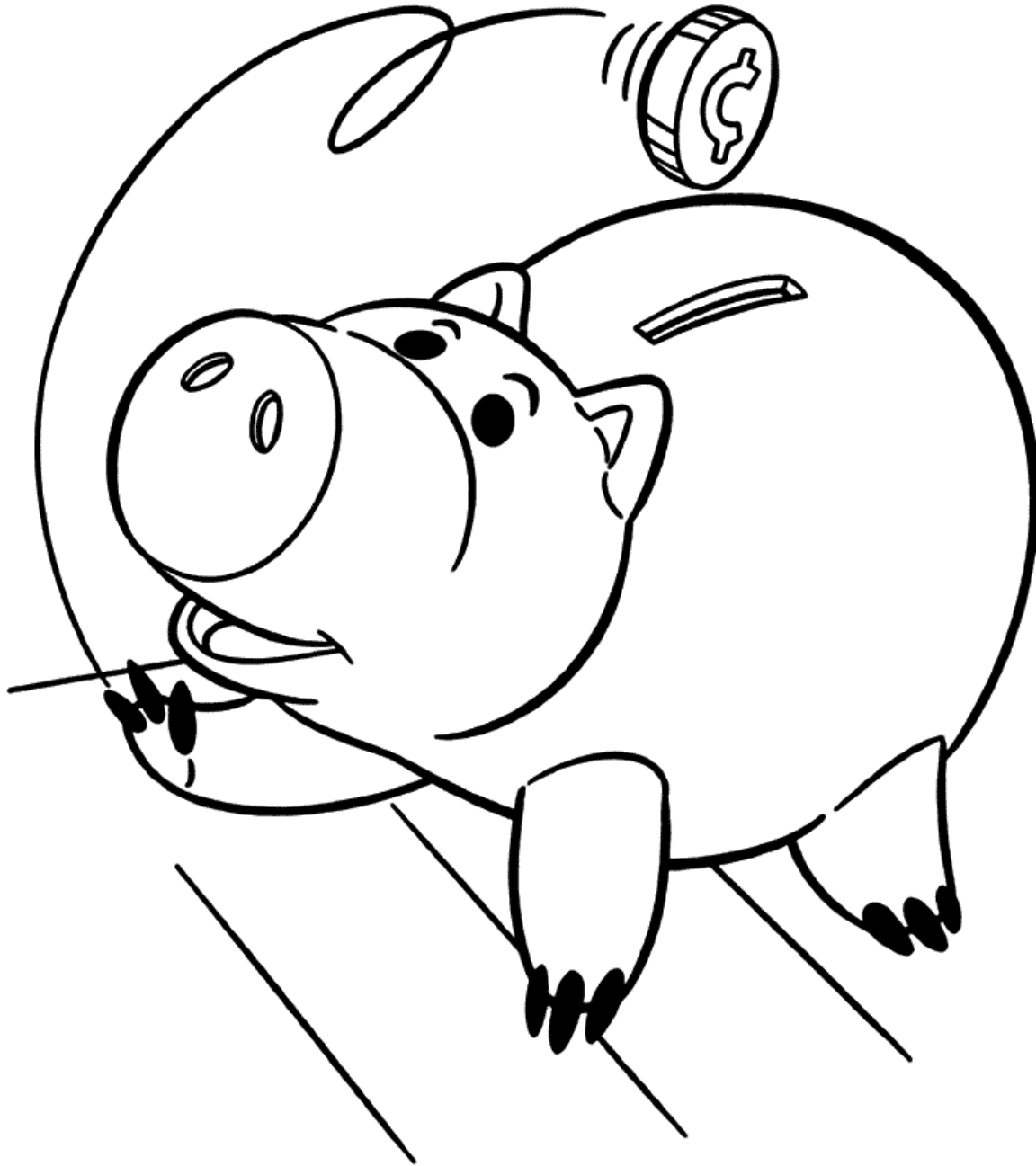


First Initial & Last Name: _____

Birth Month/Day: _____ (ex. 9/16)

For security purposes, only fill out your first initial, last name, month and day you were born.



Return via email to Whitney Landry at wlandry@bayportcu.org, drop off at any BayPort branch location, or mail to:

BayPort Credit Union
ATTN: Whitney Landry
One BayPort Way, Suite 350
Newport News, VA 23606