



New Issue ATM or Debit Card & Replacement Card Request Form

New Card Request Application Information			
I/We would like to apply for a new <input type="checkbox"/> ATM Card <input type="checkbox"/> Debit Card			
Account Number:	Have you moved in the last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you will be contacted by a credit union representative for verification.		
Name (Primary Member)			Social Security #
Name (Joint Member)			Social Security #
Address			
City	State	Zip	
Daytime Phone Number () () ()	Home Phone Number () () ()		
Email Address			
<input type="checkbox"/> ATM Card: Please issue an ATM card and PIN for access to my credit union accounts. I understand that I will receive the card(s) and PIN separately by mail. If the card(s) or PIN is lost or stolen, I understand that there are fees to re-issue another card. I agree to the terms and conditions of the EFT disclosure and any amendments that may be made. Use of your ATM card will constitute proof of your acceptance of these terms and conditions.			
<input type="checkbox"/> Debit Card: Please issue a Debit Card and PIN for access to my credit union accounts. I authorize the credit union to verify or obtain further information that the credit union may deem necessary concerning my credit history, including a credit report. If this application is approved, and a Debit Card is issued, the undersigned applicant(s) by signing, or permitting another to use the Debit Card, agree to be bound by the terms and conditions of the Electronic Services Agreement and Disclosures and all amendments. The undersigned hereby acknowledges that the signing, using, or permitting another to use the Debit Card represents an acknowledgment of the receipt of the Electronic Services Agreement and Disclosure and all amendments, and further represents the acceptance of the terms and conditions of the Electronic Services Agreement and Disclosure and all amendments. Use of your Debit Card will constitute proof of your acceptance of these terms and conditions.			
Primary Member Signature X		Date	
Joint Owner Signature X		Date	

Replacement Card		For PIN Selection have member call (800) 992-3808
<input type="checkbox"/> Debit Card #: 5110	(fill in remaining cd #)	
<input type="checkbox"/> ATM Card #: 5826	(fill in remaining cd #)	
Name	Account #	
If you are requesting a replacement ATM or Debit Mastercard, please complete and sign the form below.		
Replacement Card-\$5 fee	Check here if you are requesting a rush order .	
Reason for replacement card request, if applicable (check one):	(4 business days from order date) \$27.00 fee – per card	
<input type="checkbox"/> Lost Card <input type="checkbox"/> Stolen Card <input type="checkbox"/> Damaged Card <input type="checkbox"/> Unauthorized Use/Fraud <input type="checkbox"/> Other	* Sending to addr. on file requires signature at delivery or it can be sent to the CU. Indicate here _____	
* I understand that my account will be charged/debited any applicable fees as outlined in the credit union Fee Schedule.		
Primary Member Signature X	Date	
Joint Owner Signature X	Date	

Credit Union Use Only		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Teller ID# _____ By _____ Date _____
Issue Date _____ Processed By _____		