



New Issue Debit Card & Replacement Card Request Form

| New Card Request Application Information | | | |
|--|---|------|-------------------|
| 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 | | | |
| 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 | | Date | |
| X | | | |
| Joint Owner Signature | | Date | |
| X | | | |

| Replacement Card | | For PIN Selection have member call (800) 992-3808 |
|--|-----------|---|
| Debit Card # ending in: _____ (last 4 digits) | | |
| Name | Account # | |
| Replacement Card - \$5.00 fee Reason for replacement card, if applicable (check one): <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 * I understand that my account will be charged/debited any applicable fees as outlined in the Credit Union Fee Schedule. | | |
| Check here if you are requesting a rush order <input type="checkbox"/> Rush fee-\$27.00 per card (4 business days from order date) *Sending to address on file requires signature at delivery or it can be sent to the Credit Union. Indicate here: _____ | | |
| Primary Member Signature | | Date |
| X | | |
| Joint Owner Signature | | Date |
| X | | |

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