



CARD REPLACEMENT

Primary Member Name					
Joint Owner Name (If Applicable)					
Account Number					
Address					
Telephone: Home		Cell		Work	

Replacement of: Debit Card Credit Card

Select One:

Lost Card Stolen Card Damaged Card

Other (Please Explain): _____

The Lost/Stolen/Damaged Card belong to the: Primary Member Joint Owner

Is the PIN # written or attached to the card? Yes No

Last 5 Digits of Card		Expiration Date		Last Date Used	
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Replacement Card Requested (\$30.00 Fee)? Yes No

I request to the have the replacement fee debited from: Savings Checking Money Market

Primary Member Signature

Date

Joint Owner Signature

Date

<i>Credit Union Use Only</i>		
Received By: _____	Reported Date: _____	Reported Time: _____
If NO Replacement Fee, please give reason: _____		