

**MEMBERSFIRST CREDIT UNION
ATM CARD OR VISA DEBIT CARD NEW AND REPLACEMENT FORM**

(Credit Union Use Only)

		Time:
Telephone and Address Verified By:	Name:	Teller #:

REQUEST RECEIVED: (Check One) REQUEST FOR (Circle One) ATM or DEBIT

<input type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> In Person	<input type="checkbox"/> By Fax
Check One - Card For:	<input type="checkbox"/> Member Only	<input type="checkbox"/> Joint Only	<input type="checkbox"/> Both

Member Name: _____ **Date of Birth:** _____

Account #: _____ **Checking Suffix:** _____ **Last Four SS#:** _____

Please provide the phone number you will use to activate your card; this is the phone number that we would use to contact you in the case of suspicious card activity. This phone number will also be listed as your home phone on our records.

Primary Phone: _____ **Work Phone:** _____

Complete This Section Only if Request is For Joint Member

Joint Owner Name _____ **Joint Owner Date of Birth** _____

Joint Owner Last Four SS # _____ **Joint Owner Phone #** _____

FOR REPLACEMENT ONLY, PLEASE CHECK ONE OF THE FOLLOWING:

NOTE: CLOSING A DEBIT CARD WILL NOT PREVENT A RECURRING TRANSACTION FROM CLEARING THE ACCOUNT; you must place a stop payment on a recurring transaction and notify the merchant to stop the recurring transaction.

There is a \$10 Fee For all replacement cards.

1. _____ Damaged Card (replace with same ATM or Debit card number)
 _____ Last 4 digits of damaged ATM or Debit card to be replaced
2. _____ Lost/Stolen (new ATM or Debit card and pin number) **FOR PIN CALL 1-800-757-9848**

Comments: _____

Member Signature

Date

Credit Union Staff Signature

Date