



New Issue ATM or Debit Card & Replacement Card or PIN 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:			
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	

Personal Identification Number: The card issuance system will generate your confidential personal identification number (PIN). Follow the instructions that are sent with the PIN to select your own unique number.

Replacement Card or PIN Request Information	
<input type="checkbox"/> Debit Card #: 5110 9000 00	(fill in last 6 digits)
<input type="checkbox"/> ATM Card #: 5826 0100 00	(fill in last 6 digits)
Name	Account #
If you are requesting a replacement ATM or Debit Mastercard, or have forgotten your personal identification number (PIN) and are requesting a PIN reissue, please complete and sign the form below.	
<input type="checkbox"/> PIN Replacement Only	
<input type="checkbox"/> Replacement Card	
Reason for replacement card request, if applicable (check one):	
<input type="checkbox"/> Lost Card	<input type="checkbox"/> Check here if you are requesting a rush order . (4 business days from order date) \$27.00 fee – per card additional \$27.00 for a rushed PIN
<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.	
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 _____