

# Card Replacement Form

FAX TO (602) 254-2104



Account #: \_\_\_\_\_

**FEE: \$10.00**

Primary Name: \_\_\_\_\_ Joint Name: \_\_\_\_\_  
(If card is needed)

Address: \_\_\_\_\_ **\*\*Phone Number:** \_\_\_\_\_

\_\_\_\_\_ **\*\*Date of Birth:** \_\_\_\_\_

\_\_\_\_\_ New Address:  Yes  No

## \*\* Information Required

Indicate Card Type:  ATM Card  VISA Debit Card

Reason for Replacement:  Demagnetized  Taken by ATM Machine  
 Damaged  PIN Replacement Only (\$2.00 Fee)  
 Lost  Other: \_\_\_\_\_  
 Stolen

If your card was **LOST/STOLEN**, please provide the following information:

Date Lost/Stolen: \_\_\_\_\_ Date Reported: \_\_\_\_\_ Date Last Used: \_\_\_\_\_

Was the back of the card signed?  Yes  No

Was VISA called to report card Lost/Stolen?  Yes  No

If Yes, please provide Confirmation #: \_\_\_\_\_

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- For Credit Union Use Only -

Additional Comments: \_\_\_\_\_

Teller Initials: \_\_\_\_\_ Card Services Initials: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**\* If VISA is being report Lost/Stolen, give to Card Services Immediately! \***