

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

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

REQUEST RECEIVED: (Check One)

<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 #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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: \_\_\_\_\_

Joint Member Name \_\_\_\_\_ Joint Date of Birth \_\_\_\_\_

Joint Social Security # \_\_\_\_\_

**FOR REPLACEMENT ONLY, PLEASE CHECK ONE OF THE FOLLOWING:**

1. \_\_\_\_\_ Pin Number Only      \_\_\_\_\_ Last 4 digits of debit card

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

2. \_\_\_\_\_ Damaged Card (replace with same debit card number)

\_\_\_\_\_ Last 4 digits of damaged debit card to be replaced

3. \_\_\_\_\_ Lost/Stolen (new debit card and pin number)

**Your Personal Identification Number will be mailed separately.**

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

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Credit Union Signature

\_\_\_\_\_  
Date