

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

(Credit Union Use Only)

<b>Date:</b>		<b>Time:</b>
<b>Telephone and Address Verified By:</b>	<b>Name:</b>	<b>Teller #:</b>

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:** \_\_\_\_\_ 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: \_\_\_\_\_

**Complete This Section Only if Request is For Joint Member**

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

Joint Social Security # \_\_\_\_\_ Joint Phone: \_\_\_\_\_

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

- \_\_\_\_\_ Pin Number Only \_\_\_\_\_ Last 4 digits of ATM **\*\*\*\*\*There are no Pin replacements for cards starting with 5839821. A new ATM Card Must be ordered\*\*\*\*\***

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

- \_\_\_\_\_ Damaged Card (replace with same **ATM** or **Debit** card number)  
\_\_\_\_\_ Last 4 digits of damaged **ATM** or **Debit** card to be replaced
- \_\_\_\_\_ Lost/Stolen (new **ATM** or **Debit** card and pin number)

**Your Personal Identification Number (PIN) will be mailed separately.**

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

\_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Credit Union Staff Signature  
*MembersFirst Credit Union*

\_\_\_\_\_  
Date