



Replacement Request for ATM & Debit Cards

Member Name			
Account Number			
Type of Card	Request/Fee		
<input type="checkbox"/> ATM Card	<input type="checkbox"/> New Card & Pin	\$10	
<input type="checkbox"/> Debit Card MasterCard	<input type="checkbox"/> Card Re-issue	\$ 5	
	<input type="checkbox"/> PIN Only	\$ 2	
Address <i>(Required)</i>			
Telephone Number			
Card Status	<input type="checkbox"/> Compromised	<input type="checkbox"/> Never Received	
	<input type="checkbox"/> Damaged	<input type="checkbox"/> Will Not Work	
	<input type="checkbox"/> Forgot PIN	<input type="checkbox"/> Other (Describe):	
	<input type="checkbox"/> Lost / Stolen		
	<input type="checkbox"/> Name Change		
Member Signature			

For Office Use Only

Processed By				Date																
<input type="checkbox"/> Logged				<input type="checkbox"/> Verified on Report																
<input type="checkbox"/> Updated GOLD <input type="checkbox"/> N/A				<input type="checkbox"/> Updated Co-Op <input type="checkbox"/> N/A																
<input type="checkbox"/> Fee Deducted:				<input type="checkbox"/> \$10	<input type="checkbox"/> \$5	<input type="checkbox"/> \$2														
<input type="checkbox"/> Fee Waived By:																				
Received By				Date																