

Plastic Card Maintenance Request

6980 S Holly Cir
Centennial, CO 80112
303-770-4468 * www.metrumcu.org

Complete the form as needed and email to msr@metrumcu.org

Account Number: _____

Name on Card: _____

Card Type: _____ **Credit** _____ **Debit**

Last 4 digits of card #: _____

Type of Request: **Card Only** **PIN Only** **BOTH**

Reason for Request:

- Lost or stolen card** **Fraud** **Name Change**
- Damaged Card** ***Same card number with new expiration date will be issued.*
- Forgot PIN** ***Same PIN will be issued.*

Special Handling Request:

- Card Only** **Card & PIN**
 - Rush/Overnight** *(not available on Thursdays and Fridays)*
 - Overnight/2 Day** *(not available on Thursdays and Fridays)*
 - Readdress** **Send to CU** **Centennial** **Denver**
 - Send to the physical address on the account**
 - Send to the address below** *(attach a written/email request)*
- _____

***If you have any questions, please contact Jovelyn Sison at ext. 109 or Staci Hodapp ext. 113**

SIGNATURE: _____ **Date:** _____
(If in person)

Phone Number: _____

CU Use Only:

Card Blocked _____ Current Address Verified _____
 Member Verification (mark at least one) **DL** _____ **Code Word** _____ **Challenge Questions** _____

Ordered By: _____ **Are we charging the member? Y/N** _____ **Verified By:** _____