

Plastic Card Maintenance Request

A. ACCOUNT NUMBER: _____

B. NAME(S) ON CARD(S): _____

CARD TYPE: Credit _____ Debit _____

LAST FOUR NUMBERS ON THE CARD _____

REORDER PIN ONLY: Yes _____

NOTE: A NEW PIN WILL BE ISSUED FOR ALL LOST OR STOLEN CARDS

REORDER CARD & PIN: Yes _____

NOTE: A NEW CARD & PIN WILL BE ISSUED FOR ALL LOST OR STOLEN CARDS

C. REASON FOR REQUEST:

1) Lost _____ Stolen _____ **COMPLETE SECTIONS C & D**

NOTE: A NEW CARD NUMBER WILL BE ISSUED

2) Damaged _____ Other _____ **COMPLETE SECTION E**

NOTE: CURRENT CARD NUMBER WILL BE REISSUED; CURRENT CARD AND NEW CARD WILL BE DEACTIVATED FOR YOUR SECURITY UNTIL NEW CARD IS RECEIVED IN THE MAIL AND ACTIVATED.

D. LOST OR STOLEN INFORMATION

1. When did you notice the card was missing?

2. Date when the credit union was notified:

3. Date/Place/Amount of the last authorized transaction:

E. EXPLANATION OF "OTHER" OR SPECIAL REQUESTS: _____

***If your card was lost or stolen, a new card number will be issued.**

***If you have any questions, please contact Staci Hodapp at ext. 113 or Sue Potter at ext. 125**

SIGNATURE: _____ DATE: _____

(If in person)

DAYTIME PHONE # _____

FAX REQUEST TO: 303-770-4883

CU Use Only:

Lost/stolen card blocked _____

Member ID Verified (must fill in both):

Last 4 of SSN _____

Birth Date _____

Ask for current address:

_____ Matches address on acct.

_____ New address, complete address change form

Employee initials _____