VANTRIA FEDERAL CREDIT UNION

Request for Replacement ATM/Visa Debit Cards/PINs

Member Name_____

Address: _____

_____

Account Number: _____

Card Type: ATM Debit PIN

Last 4 digits Card Number: _____

Issue Type: Replacement Additional

Request Type:

In person

_____

Signature Date

ID: _____

Fax Request

Signature verified by Signature Card

Employee Initials: _____ (Signature card attached)

Date

Mail Request

Signature Verified by Signature Card

Employee Initials: _____ (Signature card attached)

Date

Office use only

Date request processed: _____

Teller # _____

New Card number _____

Address verified: _____ Address change date (if less than 30 days) _____/_____/_____