CARD REPLACEMENT FORM

Reason for Reorder: ☐ Damaged ☐ Name Change ☐ Lost ☐ Stolen

• If the replacement card is not received within the next 5 to 7 days contact the Credit Union to see if the card has been returned to us.

Member #: _____ Member Name: _____

Replacement card for: ☐ Member ☐ Joint Owner

Old Card #: _____

Members are eligible for one free replacement card per 12-month period.

_____ _____
Member Signature Date

_____Request by Phone: I acknowledge by placing my initials in the space provided that I may be charged for a card replacement.

INTERNAL CHECKLIST:

All Items **MUST** be checked before any order is placed.

☐ Advise the member to destroy the old card when the new card has been received.

☐ The account in good standing? ☐ Yes / ☐ No
The Card will not be ordered if the Account is delinquent, negative, or fees are owed.

☐ Has member had an address change in the last 30 days? ☐ Yes / ☐ No
If yes, the order will be delayed for up to 30 days if order is not in person.
Was card ordered in person? ☐ Yes / ☐ No

☐ Verify the name, address and telephone # are correct in both CSS and Vantiv.

_____ _____
Employee Signature Date

Card reordered and logged in: ☐ IQ ☐ CSS ☐ Log ☐ Scanned
New Card#_____

Old Card Closed in: ☐ IQ ☐ CSS

Card Re-Order/Logged by:_____Date:_____

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