## **CARD REPLACEMENT FORM**

<b>Reason for Reorder</b> . □ Damaged	I ☐ Name Change	☐ Lost ☐ Stolen ☐ Fraud
• If the replacement card is not rece see if the card has been returned to		to 14 days contact the Credit Union to
lember #: Member Name:		
Replacement card for.   Member	er 🗆 Joint O	wner
Old Card #.  Members are eligible for one free period. If card reorder less than 1		
Member Signature		Date
INTERNAL CHECKLIST:		
All Items MUST be checked before	any order is placed.	
☐ Verify ID is current. If not obtain	n new one prior to card	order.
☐ Advise the member to destroy t	the old card when the n	ew card has been received.
☐ Advised member there will be a	a \$7.00 fee	□ No
☐ The account in good standing?  The Card will not be order negative, or fees are owed.	ed if the Account is deling	uent,
☐ Has member had an address c	hange in the last 30 day	/s? ☐ Yes / ☐ No
If yes, the order may be delay person. Was card ordered in pe		ler is not in
☐ Verify the name, address and	d telephone # are correc	et in both CSS and Vantiv.
Employee Signature	Date	
Card reordered and logged in: □ I	_	Scanned New
Old Card Closed in: ☐ FIS ☐ CSS		
Card Re-Order/Logged by:		Date:
New Card # Verified in CSS by:		Date: