

DEBIT CARD MAINTENANCE FORM

Member #: _____ **Member Name:** _____

Reason for Reorder: ___ Damaged ___ Name Change ___ Lost ___ Stolen ___ Fraud ___ Re-Pin

Replacement card for: Me Member ___ Joint Owner ___

Current Card # _____

Members are eligible for one free replacement card per 12-month period.
Less than 12-month period there will be a \$7.00 fee.

New Card # _____ **Instant Issue:** ___ Yes ___ No

If the replacement card is not received within the next 10 to 14 days, contact the Credit Union to see if the card has been returned to us.

Member signature _____ **Date** _____

INTERNAL CHECKLIST: All item **MUST** be checked before any order is placed.

___ Verify ID is current. If not obtain new one prior to card order.

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

Advise member there will be a \$7.00 fee ___ Yes ___ No Fee Charged: \$_____

___ The account in good standing? Yes ___ No ___

The Card will not be ordered if the Account is delinquent, negative, or fees are owed.

Has the member had an address change in the last 30 days? Yes ___ No ___

If yes, the order may be delayed for up to 30 days if order is not in person.

Was the card ordered in person? ___ Yes ___ No

___ Verify the name, address and telephone # are correct in both CSS and FIS.

Card reordered and logged in: FIS ___ CSS ___ Log ___ Scanned ___

Old card Closed in: ___ FIS ___ CSS

Employee Signature _____ **Date** _____

New Card # Verified in CSS by _____ **Date** _____