

CARD REPLACEMENT FORM

Revised 12/04/2024,02/12/2025

Member #: _____ Member Name: _____

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

Replacement card for: Member Joint Owner

Current Card # _____

Members are eligible for one free replacement card per 6-month period.

Less than 6-month period there will be a \$10.00 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 items **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.

Yes No Advised member there will be a \$10.00 fee? Fee Charged: \$ _____

Yes No The account in good standing?

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

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

*If yes, the order may be delayed for up to 30 days if order is not in person. In Person? Yes No

___ **VAU Opt Out** checked on both cards

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

___ **New Card updated in CSS**

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 _____