MEMBERSFIRST CREDIT UNION VISA DEBIT CARD OR ATM CARD NEW AND REPLACEMENT FORM

| INTERNAL USE ONLY – NEW AND INSTANT ISSUE CARD ORDER | | |
|--|------------------------|--|
| VERIFY ADDRESS IN CMC (NOT RED) | | |
| CARD WILL NOT WORK UNLESS ADDRESS IS VERIFIED | LAST SIX OF NEW CARD # | |

1. CARD ORDER DETAILS

| TYPE OF CARD: (Select One) |) ATM DEBIT | | | INSTANT ISSUE |
|--------------------------------|-------------|-------|--------------|---------------|
| CARD REQUEST FOR: (Select One) | PRIMARY | JOINT | | вотн |
| REASON: (Select One) | NEW | | REPLACEMENT | |
| REQUEST MADE: (Select One) | IN PERSON | | FAX/DOCUSIGN | |

2. PRIMARY CARDHOLDER INFORMATION

| MEMBER NAME | DATE OF BIRTH | MOTHER'S MAIDEN NAME | | |
|---|-----------------|----------------------|--|--|
| | | | | |
| ACCOUNT NUMBER | CHECKING SUFFIX | LAST FOUR OF SSN# | | |
| Please provide the phone number you will use to activate your card; this is the phone number that we will use to contact you in | | | | |
| the case of suspicious card activity. This phone number will also be listed as your home phone on our records. | | | | |
| PRIMARY PHONE | WORK PHONE | EMAIL | | |
| | | | | |

3. JOINT OWNER - COMPLETE THIS SECTION ONLY IF REQUEST IS FOR JOINT OWNER

| JOINT OWNER NAME | JOINT OWNER DATE OF BIRTH | MOTHER'S MAIDEN NAME (JOINT) |
|---------------------------------|---------------------------|------------------------------|
| LAST FOUR OF SSN# (JOINT OWNER) | JOINT OWNER PHONE # | JOINT OWNER EMAIL |

4. REPLACEMENT CARD – THERE IS A \$10 FEE FOR A REPLACEMENT CARD

Note: Closing a debit card will not prevent a recurring transaction from clearing your account. You must place a stop payment on a recurring transaction and notify the merchant.

| LOST / STOLEN CARD | | LAST SIX DIGITS OF CARD BEING REPLACED | INTERNAL USE ONLY LAST SIX NEW CARD # VERIFY ADDRESS (NOT RED) TELLER # | | |
|--------------------|--|---|---|--|--|
| DAMAGED | | LAST SIX DIGITS OF CARD BEING REPLACED | REPLACEMENT CARDS MUST BE ORDERED BY THE CARD SERVICES DEPARTMENT. | | |
| NAME CHANGE | | LAST SIX DIGITS OF CARD BEING REPLACED | VERIFY ADDRESS (NOT RED) TELLER # | | |
| COMMENTS: | | | | | |
| MEMBER SIGNATURE _ | | | DATE | | |

EMPLOYEE NAME AND TELLER # ______ CARD DEPT. REP TELLER # _____