

Request for ATM Card

Only Completed Forms Will Be Processed

This request is to: Obtain New Card(s)* To Replace Lost/stolen/damaged Card for:

Primary Owner Co-Owner Both (please select one)

*If replacing card(s), list last six digits on previous card(s) if known:

(*Limits subject to Credit Union approval.)

Member Name _____

And/ Or

Co-owner Name: _____

Savings AC # _____ Checking AC # _____ SS # _____

Birth date _____ E-mail Address: _____

Address: _____ City _____ State _____

If this is not the address we have on record, do you wish to have it changed?

Home Ph. # _____

My signature acknowledges that I am responsible for transactions performed by any party that I give use of my ATM Card. Primary member must sign below for all requests.

(Members Signature)

(Co-owners Signature)

Date: _____

2020 NW 150 Avenue, Pembroke Pines, Florida 33028
Process Administrators (954) 538-4400 1-800-548-5465 Fax (954) 322-3911

Note to staff: Verify all data to system and make any needed changes. If more than one card is attached to account, review with member and delete any cards that are not being used.

Credit Union use only

Request Approved by : _____ (Must be a Supervisor/Manager if outside New Account Procedure guidelines)

Signature

ATM card numbers Issued. _____ (Do not enter 642210...just the last 10 digits)

Employee Signature _____