



DEBIT CARD REPORT

Name _____ Member # _____

Card Number _____

Joint Owner _____

Address _____

Daytime Phone _____ Evening Phone _____

Choose one: Lost Stolen Never Received Not returned by ATM machine

Do you wish to have a new Debit Card issued? Yes No

(A fee of \$20.00 may be charged for replacement cards)

If lost or stolen, please complete the section below.

Date of loss/theft ____/____/____ Number of cards involved? _____

Location of loss/theft _____

How did loss/theft occur? _____

When was the last withdrawal? ____/____/____ Dollar Amount \$ _____

Was the card signed? No Yes Was the PIN lost or stolen? No Yes

Have you notified the police? No Yes, Case # _____

I certify to the best of my knowledge that the above information is true and correct.

Member Signature _____ Date ____/____/____

FOR CREDIT UNION USE ONLY

Date received ____/____/____

Staff Signature _____

Card ordered? Yes No

Date ordered ____/____/____