



For A Better Life

**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 \$15.00 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 \_\_\_\_/\_\_\_\_/\_\_\_\_