



VISA MAINTENANCE FORM

Member Name _____ Member # _____

Member Address _____

Member Phone _____

Request for Replacement of Demagnetized VISA or Damaged VISA

Request for Reissue of VISA P.I.N.

Request for Name Change on VISA

Please change name from _____

To _____

Reason for change: Marriage Divorce Other: _____

Request for Additional VISA cards.

Yes, I want the added flexibility of a VISA card with someone else in my household. Please send another card. I understand that the card will be issued in the card-user's name and that I will be responsible for all charges made by the card-user. I will receive a single billing statement for both my card and the additional card.

_____ Date of birth ____ / ____ / ____
Name of additional authorized user

_____ Relationship to account owner
Social Security Number

_____ Business Phone Number
Home Phone Number

Signature of Additional User _____

Member Signature _____ Date ____ / ____ / ____

FOR CREDIT UNION USE ONLY

Date card ordered ____ / ____ / ____ Staff Signature _____