



For A Better Life

VISA MAINTENANCE FORM

Member Name \_\_\_\_\_ Member # \_\_\_\_\_

Member Address \_\_\_\_\_

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 \_\_\_\_\_