



**VISA CARD REPORT**

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

Joint Owner \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

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

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Choose one:  Lost  Stolen  Never Received

Do you wish to have a new Visa 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 purchase? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_