



VISA Check (Debit) Card Close And/or Reissue Card Form

In this Check **Card Close and/or Reissue Form** the words "You" "Member" and "Cardholder" mean the Member completing the form. The words "We", "Us", "Our" and "Credit Union" mean **Holy Rosary Credit Union**.

Section A should be completed by (or on Behalf of) the member requesting the card change

Cardholder (Member) Name:	Joint Cardholder (Member) Name:
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New Name Change for Cardholder (if applicable):	New Name Change for Joint Cardholder (if applicable):
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I need to have the following number of cards reissued:

- One card as there is no joint cardholder or joint's card wasn't affected (If there are two cards on the account, this option can only be chosen if the Debit card number does not require change.)*
- One card, but the card number will need to be changed
- Two cards (The Joint must already have a debit card. If not, both must complete a new debit card application.)

Current Debit Card Number:	Cardholder's Credit Union Account Number:
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Home Phone Number: ()	Work Phone Number: ()	Other Phone Number: ()
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Please check below **all** the statements which apply to the card (one or more may apply, please **read each and every item carefully**).

Close Card (please check all that apply) Note: If any items are selected in this section, a new card number will be required if the card is reissued.

- I wish to close the card and do not want the card reissued.
- Please close the card, I have reason to believe the card may have been compromised. (Please complete the Cardholder Dispute form.)
- Please close the card, it has been lost or stolen on as of (date) _____.
- Since the card has been lost or stolen, I have called **800- 500-1044 to report this.**
- If the card is found, it will be destroyed or returned to Holy Rosary Credit Union.
- I have reviewed the history of my account and **see no** unauthorized activity **do see** unauthorized activity. (If unauthorized activity is present, please complete the Cardholder Dispute form.)

Request a Replacement Card (please check all that apply even if there are items checked above)

- I am requesting a new card for the reasons indicated above.
- I am requesting a replacement card as my card is not working for either credit or debit, is worn or cracked, or my magnetic strip is damaged.*
- I wish to change the account accessed by the card. It should be linked to my checking my savings **new** checking.*
- I had previously requested a new or reissued card and have not received the card pin number, so I would like whichever is applicable.*
- As a result of a name change, I am requesting a replacement card.*
- I understand that there is a \$5.00 per card Replacement Card/PIN Fee as disclosed in the Fee Schedule and that this will be debited from my checking, savings account. (There will be no charge for replacement cards when card compromise, faulty card, or never received card is involved.)*

Replacement Pin

- I have forgotten my pin number so I am requesting a replacement pin at the cost of \$5.00 per the Replacement card/Pin fee as disclosed in the Fee Schedule. This will be debited from my checking, savings account.*
- My pin is not working so I am requesting a replacement pin.*

*Request does not normally require card closure

You are not finished, please continue on the reverse side of this form!

Please send new card or pin to the following mailing address:

- I attest that this is the address to which my Credit Union mail is currently being sent and I have not changed the address within the last 60 days.
- I have changed the address within the last 60 days but have provided proof of identity.

By signing below, you (the member) attest that all the information in Section A of this form is accurate and truthful. You authorize us (the Credit Union) to complete the actions requested above and authorize us to deduct the appropriate fee from your account. You acknowledge that this activity is being made in accordance with the terms of our Membership and Account Agreement, the Electronic Funds Transfer Agreement and Disclosure, the Fee Schedule (that you have received a copy of these and agree to the terms) and the Account Card.

Cardholder's (Member's) Signature: _____

Report Date: _____

Joint Cardholder's (Member's) Signature: _____

Report Date: _____

Section B To be completed by the employee receiving the request

Request Received:

- In Person
- Phone
- Fax
- Mail

Old Card

Number: _____

Hot carded Yes No

Removed Systems Yes No

Card was:

- Closed and not reissued
- Closed and reissued
- Not closed, just reissued
- Closed but sent back for additional signature for reissue

New Card:

- Individual
- Joint

Number: _____

Date Received: _____

Time Received: _____

Verification Information:

- Photo: ID # _____
- Mother's Maiden Name _____
- Specific Account Activity
- Password/Pin
- Other

Address and phone numbers same as on Systronics file:

Yes No

Last Address Change Date: _____

Signatures match those on file:

- Yes
- No
- NA Telephone Request
- NA Showed adequate ID

Card to be attached to Share ID(s):

Needs to be force activated:

Yes No

If force activated, send to:

- Branch _____
- Fed Ex (Reason) _____

If the form was **not** completed in person by the member and subsequently signed, did you read the part in Section A beginning with "By signing below," and did you get agreement from the member? Yes No NA as the request was made in person

Did you confirm all statements checked or not checked in this Section A? Yes No

I certify that I have confirmed with the member the specific information outlined above. As well, on telephone requests, I have read to the member the information under the "By signing below" section: (This statement won't apply for Fax/Mail Request, but please still sign below that you have completed all the other steps in this Section.)

Employee Signature: _____ Date: _____

Branch Managers Signature (if required): _____ Date: _____

Notes: