

**REASON  
DEBIT CARD  
WILL NOT  
WORK**  
Attach Receipt



**ProMedica<sup>®</sup>  
Federal Credit Union**

*For Your Financial Health*

Date \_\_\_\_\_

Credit Union  
Account # \_\_\_\_\_

Cardholder  
Name \_\_\_\_\_

Phone # \_\_\_\_\_

Debit Card # 5146-17 - - - - -

Invalid Pin

Magnetic Strip Damaged

Request to have Debit Card Unblocked

Other \_\_\_\_\_

**Member**  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE**

**Hot Card  
Replacement  
Approval**  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Notes** \_\_\_\_\_

Received By \_\_\_\_\_ Date \_\_\_\_\_