

# ATM/Debit Card Maintenance Form



*Your financial health. Our mission.*

2301 West Central Avenue Toledo, Ohio 43606 Tel. 419-479-4040 Fax 419-479-4047

Employee ID# \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_

Account # \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security/TIN # \_\_\_\_-\_\_\_\_-\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Mothers Maiden Name \_\_\_\_\_

Please check one of the following

- My card will not work / declined / blocked
- I would like a replacement card  
1ST REPLACEMENT CARD \$5, 2ND REPLACEMENT CARD \$10, 3 OR MORE REPLACEMENT CARDS \$20 EACH TIME
- Lost  Stolen Date of last trans. \_\_\_\_\_
- Change my PIN \_\_\_\_\_
- Please close my ATM / debit card

I/We agree that the changes on this application amend the previous signed Account Card and are subject to the terms and conditions of the membership and account agreement, truth-in-savings, rate and fee schedule, funds availability policy disclosure, if applicable, and to any amendments the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or the EFT service is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. I further acknowledge a consumer credit report may be requested.

Member Signature \_\_\_\_\_

### Internal Use

MSR/FSR \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved  Declined Initials \_\_\_\_\_

Old Card # \_\_\_\_\_

New Card # \_\_\_\_\_