



PLASTIC CARD  
REPLACEMENT REQUEST

SEND TO ACCOUNTING IMMEDIATELY

Please complete ENTIRE Form

Date: \_\_\_\_\_

Member Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Change of address)

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

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

Please Order:

- |  |   |
|--|---|
| <input type="checkbox"/> ATM Card      | <input type="checkbox"/> ATM PIN            |
| <input type="checkbox"/> Debit Card    | <input type="checkbox"/> Debit Card PIN     |
| <input type="checkbox"/> VISA Classic  | <input type="checkbox"/> VISA Classic PIN   |
| <input type="checkbox"/> VISA Gold     | <input type="checkbox"/> VISA Gold PIN      |
| <input type="checkbox"/> VISA Platinum | <input type="checkbox"/> VISA Platinum Plus |

My Card is:

- |                                       |                                 |
|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Stolen       | <input type="checkbox"/> Lost   |
| <input type="checkbox"/> Captured/ATM | <input type="checkbox"/> Broken |

I am aware that all replacement cards have a \$5.00 replacement charge.

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

\_\_\_\_\_  
SAFCU Employee

Attach Card Here