



APPLICATION FOR A REPLACEMENT VISA DEBIT

Member's Full Name

Address

Telephone: (Home) (Work)

Member's Date of Birth Membership No.

Accounts wishing to access: i.e., S1, S2, S3, S5, S6.

Primary Account: Secondary Account (If required)

I hereby apply for a REPLACEMENT Visa Debit and Personal Identification Number (PIN) to be issued to me to enable me to access my accounts at authorised electronic banking terminals such as Automated Teller Machines (ATMs) and Point of Sale Terminals (EFTPOS).

I understand that a \$10.00 fee will be charged to my account for the replacement card.

I request my Credit Union to deliver my PIN by mail, whereupon I will collect my Visa Debit from this office, and will complete the PIN/card acknowledgement advice at the time.

I agree to abide by the Conditions of Use now supplied to me and acknowledge that my signature on this application form signifies my acceptance of these Conditions of Use.

Signature Date...../...../.....

Reason for request:

- Stolen ()
Lost ()
Card not received ()
PIN not received ()
Forgot PIN ()
Card damaged ()
Incorrect Name ()
Card Captured ()
Other ()

Action required to be taken:

- Cancel Card ()
Renew Card ()
New Number ()
Old Number ()
Please put in old number if applicable:
Card 452480000 _ _ _ _ _
Cancelled: Yes/No

Credit Union Office Use Only:

Visa Debit Limit: \$.....

Signature Verified By:

Card No 452480000 _ _ _ _ _

Date Ordered:

Staff Initial

Card Received at Office:

Date: / / Staff Initial

Card Issued to Member By:

Date / / Acknowledgment Advice Received: Yes/No

Members Signature