



**Wexford**  
Community Credit Union

# Replacement Request for ATM & Debit Cards

|   |   |  |  |
|---|---|--|--|
| <b>Member Name</b>                                |   |  |  |
| <b>Account Number</b>                             |   |  |  |
| <b>Type of Card</b>                               | <b>Request/Fee</b>                      |  |  |
| <input type="checkbox"/> ATM Card                 | <input type="checkbox"/> New Card & Pin | \$15                                       |  |
| <input type="checkbox"/> Debit Card<br>MasterCard | <input type="checkbox"/> Card Re-issue  | \$10                                       |  |
|   | <input type="checkbox"/> PIN Only       | \$ 5                                       |  |
| <b>Address (Required)</b>                         | <input type="checkbox"/>                |  |  |
| <b>Telephone Number</b>                           | <input type="checkbox"/>                |  |  |
| <b>Card Status</b>                                | <input type="checkbox"/> Compromised    | <input type="checkbox"/> Never Received    |  |
|   | <input type="checkbox"/> Damaged        | <input type="checkbox"/> Will Not Work     |  |
|   | <input type="checkbox"/> Forgot PIN     | <input type="checkbox"/> Other (Describe): |  |
|   | <input type="checkbox"/> Lost / Stolen  |  |  |
|   | <input type="checkbox"/> Name Change    |  |  |
| <b>Member Signature</b>                           |   |  |  |
|   | Verified ID                             | Verified Code Word                         |  |

## For Office Use Only

|   |  |  |  |                              |  |  |  |  |             |  |  |                              |  |  |  |  |  |  |  |  |
|---|--|--|--|------------------------------|--|--|--|--|-------------|--|--|------------------------------|--|--|--|--|--|--|--|--|
|   |  |  |  |                              |  |  |  |  |             |  |  |                              |  |  |  |  |  |  |  |  |
|   |  |  |  |                              |  |  |  |  |             |  |  |                              |  |  |  |  |  |  |  |  |
|   |  |  |  |                              |  |  |  |  |             |  |  |                              |  |  |  |  |  |  |  |  |
| <b>Processed By</b>                     |  |  |  |                              |  |  |  |  | <b>Date</b> |  |  |                              |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Logged         |  |  |  |                              |  |  |  | <input type="checkbox"/> Verified on Report  |             |  |  |                              |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Updated GOLD   |  |  |  | <input type="checkbox"/> N/A |  |  |  | <input type="checkbox"/> Updated Co-Op   |             |  |  | <input type="checkbox"/> N/A |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Fee Deducted:  |  |  |  |                              |  |  |  | <input type="checkbox"/> \$15 <input type="checkbox"/> \$10 <input type="checkbox"/> \$5 |             |  |  |                              |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Fee Waived By: |  |  |  |                              |  |  |  |  |             |  |  |                              |  |  |  |  |  |  |  |  |
| <b>Received By</b>                      |  |  |  |                              |  |  |  |  | <b>Date</b> |  |  |                              |  |  |  |  |  |  |  |  |