



ATM / DEBIT CARD REORDER FORM

MEMBER INFORMATION

Account Number: _____

Owner: _____

Mailing Address: _____

Co-Owner: _____

City / State / Zip: _____

SIGNATURE

I have read the ATM Disclosure and agree to all the terms and conditions. Please issue a separate ATM or VISA Debit Card for each name printed above.

Applicant's Signature

Date

For Credit Union Use Only			
ATM Card:	<input type="checkbox"/> Card and Pin	<input type="checkbox"/> Card Only	<input type="checkbox"/> Pin Only
VISA Debit Card:	<input type="checkbox"/> Card and Pin	<input type="checkbox"/> Card Only	<input type="checkbox"/> Pin Only
Member charged \$5.00 Reorder Fee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, reason: _____	
Requested Method:	<input type="checkbox"/> In Person	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax
Verification Method:	_____		
Address changed within 30 days or less?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Notification sent to previous and present address?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:	_____ _____		
<input type="checkbox"/> Baptist Branch	<input type="checkbox"/> South Miami Branch	<input type="checkbox"/> Homestead Branch	<input type="checkbox"/> Other _____
			Teller Initials: _____