



Received By: _____ Branch: _____

Debit Card Change Request Form

Date: _____ Card # _____ - _____ - _____ - _____

Cardholder Name (Please Print): _____

SS # _____ Street Address: _____

DOB: _____ City, State, Zip code: _____

Account #: _____

Primary Phone: _____

Secondary Phone: _____

Signature: _____

Check All That Apply:

- Order New Debit Card** *\$10 replacement fee _____ [customer initials]
 - Lost Card
 - Other _____
- Issue Temporary Debit Card** *\$10 fee _____ [customer initials]
 - Reason/Comment: _____
- Immediately Hot Card due to:**
 - Fraud or attempted fraud on account
 - Lost or stolen debit card
 - Other _____
- Order Replacement Card at No Charge**
 - Card is no longer usable due to normal wear or damage.
 - Compromised Card Letter Received
 - Fraud on account
- Travel Alert:**
 - Dates Effective: From ___/___/_____ To ___/___/_____
 - Traveling To: _____
- Request To Raise Daily Limits** *Subject to Bank Approval
 - Raise Point-of-Sale Transactions from \$750 per day to \$_____
 - Dates Effective: From ___/___/_____ To ___/___/_____
- Link Savings Account # _____ to debit card for ATM cash withdrawals.**