



VISA CREDIT CARD

Check One: LOST _____ STOLEN _____ FRAUD _____ REPLACEMENT _____

Date: _____ **Check One:** PHONE REQUEST _____ IN PERSON _____

Member #: _____ **Check One:** CREDIT _____

Card #: _____

Member Name: _____ Soc. Sec. #: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cards on Account: _____ 2nd Cardholder's Name: _____

Date Lost: _____ Was it reported to Card Services? Y N (1-800-872-1712)

Where was card last used? _____ Amount: _____

Number of replacement cards needed: _____

**Replacement card fee: \$5.00 (arrives in 10-15 business days)
(add \$25.00 to rush 2-3 business days)**

SIGNATURE

DATE

-----**For office use only**-----

**Take fee from member's account TC 13 and Credit TC 94 (GL 131000)? Y N
(attach signed receipt)**

*******Get new card # from loan officer before card can be processed.**

*******New Account #**

Credit Limit \$ _____

Interest Rate _____

Bill Code _____