



DEBIT CARD REQUEST AND CHANGE FORM

Requestor's Initials _____
Date _____

Member's Number:
Name on Debit Card:
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____
Social Security Number: _____
Date of Birth: _____
Card Number: 4443900000__ __ __ __ __ __ __ __
Request New Card: <input type="checkbox"/> Yes <input type="checkbox"/> No
Accounts to Access w/Debit Card: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market
New Card Number: 4443900000__ __ __ __ __ __ __ __
Effective Date: _____
Reason For Hot Card Request: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Do Not Honor <input type="checkbox"/> Fraud (Contact Kelly) <input type="checkbox"/> Damaged <input type="checkbox"/> Other (Provide Error Message) _____ Transaction's Date: _____ Transaction's Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Request New PIN: <input type="checkbox"/> Yes <input type="checkbox"/> No
Request PIN Remimnder: <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Instructions: _____ _____ _____
Member Signature: _____

FOR SAFCU OFFICE USE ONLY

	Initials	Date
Hot Carded - EDS:	_____	_____
Hot Carded - Client Workstation	_____	_____
New Card Requested	_____	_____
New Card Added to 103:	_____	_____
Message on 145 Screen Added (HC/Debit ID):	_____	_____
Member ID: Driver License _____ SS# _____ Voice Recognition _____ Other _____		

MAIN OFFICE
P.O. Box 1539
(803 N. Maple Street)
Simpsonville, SC 29681
Fax: (864) 967-1432

DUNCAN OFFICE
P.O. Box 464
(100 Rogers Bridge Road)
Duncan, SC 29334
Fax: (864) 433-2881

IOWA PARK OFFICE
1301 W. Magnolia Street
Iowa Park, TX 76367
Fax: (940) 592-0206

