Patent and Trademark Office Federal Credit Union

ATM/CHECK CARD REPLACEMENT FORM

This form must be completed in its entirety for the replacement request to be processed.

Please select the card requiring replacement:

❑ ATM Card
❑ Debit/Check Card

Reason for Replacement:

❑ Lost Card
❑ Damaged Card
❑ Expired Card
❑ Fraudulent or Unauthorized Transactions
❑ Stolen Card
❑ Card Not Working
❑ Name Change
❑ Card Retained by ATM

I understand that by signing below, I acknowledge that a $10.00 replacement card fee will be charged to my account after the second card-no fee for FRAUD.

Primary Name:		Joint Name:	
Street Address:		City, State, Zip:	
Share Account Number:		Cell Phone Number:	

I authorize the Credit Union to issue a replacement ATM/Debit Check Card. I understand that the previous card may be permanently blocked and cannot be used once deactivated. I acknowledge that I am responsible for protecting my card and PIN, and for promptly reporting any loss, theft, or unauthorized use of my card.

Signature:_____ Date: _____

If your account is joint and you would like the joint party to have an ATM card with access to your share and draft account, please have them sign and date below.

Signature:_____ Date: _____

FOR CREDIT UNION USE ONLY

Card Security and Account Protection

❑ Existing card blocked/hot-carded.
❑ Fraud department notified, if applicable.
❑ Unauthorized transactions reviewed, if applicable.

❑ Member advised to review account activity.

❑ Dispute claim initiated, if applicable.

Date and Time Card was Blocked: _____

Card Replacement Type:

❑ Standard

❑ Rush / Expedited (if available)

Delivery Method:

❑ Mail to Address on File

❑ Branch Pickup

Mailing Address (if different, subject to verification): _____

_____

Replacement Fee: $____

❑ Fee Waived

Reason for Fee Waiver: _____

_____