SOMERVILLE MUNICIPAL FEDERAL CREDIT UNION
DEBIT CARD RE-ISSUE REQUEST

Name: _____ Acct#: _____

Address: _____

Social Security #: _____ Date of Birth: _____

Home/Work/Cell Number: _____ E-mail Address: _____

_____ PIN Change Only

_____ Card Re-Issue

My Previous Card was:

_____ LOST   ___ DID NOT WORK (I am returning the card to you)

_____ STOLEN   ___ CAPTURED/RETAINED

FEE DISCLOSURE: The fee for a replacement card is **$10.00**, except in cases where the card is not working. To avoid the fee, please cut your card and return with this form.

* I accept the fee listed above and authorize SMFCU to withdraw the fee from suffix _____ of my account.

Member Signature: _____ Date: _____

Office use only   Last 6 Digits of Card # _____

_____ Old Card #   _____ Elan- Restrict old card   Processed by _____

_____ CUSA- Card Stat 05, Card Type 0   _____ CUSA-Add new #   Date _____

PASSWORD SELECTION FORM

Account Number: _____   Date: _____

Member Name: _____ P I N #____ ____ ____ ____