THEODAVIES Federal Credit Union
1284 Kalani St. #D-106
Honolulu, HI 96817
PH#(808) 847-1909 FAX#(808) 841-5525
Toll# 1-800-500-1909

MEMBER SERVICE REQUEST FORM

_____ **Replace Debit Card** _____**New PIN (Debit Card)**

_____ **Home Banking Set Up/Lockout** _____ **Address Change**

_____ **Voice Response Set Up/Lockout** _____**VISA Card Reissue (*Comments)**

_____ **Check Order: Vendor Name**_____**Ck#**_____

_____ **VISA PIN Reissue** **VISA#**_____

_____ **Statement Reprint Account #** _____ **Month** _____

_____ **Statement No-Mail / Hold For Pickup** **Account #** _____
Note: Statement will be shredded after 30 days

_____ **Electronic Statements**

_____ **Close My Account (check below)**
____VISA ___Share Draft
____Shares ___IRA
____Debit Card

_____ **Other Request**
(Complete Comments*)
(Loan Ext, Remove Owner, MISC)

***Comments:** _____

_____

Member Name: _____ **Acct#**_____

Jt. Member: _____ **Other Accts#** _____

Address: _____ **Apt#** _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work#** _____ **Cell#** _____

I authorize TheoDavies Federal Credit Union to make the changes as indicated. I understand that the changes indicated will be done by the next business day of receiving form.

_____ _____
Authorized Signature(s) **Date**

MAIL OR FAX BACK TO THE CREDIT UNION

Revised 5/11