



Replace Visa/Debit/ATM Card Request

(Today's Date)

(Member's First and Last Name)

(Social Security Number)

(Mother's Maiden Name)

(Daytime Phone Number)

(E-Mail Address)

Card Information

Card to be replaced (please check one): Visa Credit Card ATM Card (grey) Debit Card (blue)

(Card Number)

Fee Deduction

There will be a \$5.00 fee for replacing Visa Debit and ATM Cards and a \$3.00 fee for replacing Visa Credit Cards. Please check the account that this fee should be deducted from (If no selection is made, the fee will be deducted from your checking account).

Share (Savings) Account Share Draft (Checking) Account

An employee of the credit union may contact you to verify certain information concerning your request. Please be sure to list your daytime phone number above.

X _____
(Authorized Signature)

Please review the information above for accuracy, then sign. You may fax the signed form to 336.379.3506, mail it to Premier Federal Credit Union at PO Box 26590, Greensboro, NC 27415-6590, or stop by any Branch Location. The Credit Union must have this form hand delivered, mailed or faxed before your request can be processed. If this request is sent by fax, an employee of the credit union may contact you to verify the information before making any changes to your account.

The Premier Difference...experience it! SM