

Dowagiac Area Federal Credit Union
Debit Card/ATM Card reissue/replacement request

Please complete the following information and return completed form to the credit union office by mail, fax or email.

Date _____ Account # _____

Name as it appears on the card being replaced: _____

Please choose one of the following and check the appropriate card type:

_____ I request a reissue of my Personal Identification Number (PIN) **Fee \$2.00**

_____ I request a reissue of my ___ **Debit Card** or ___ **ATM Card** as it has been damaged, lost or stolen. **Fee \$10.00 per card**

_____ I request that you **Hot Card (block)** my ___ **Debit Card** or ___ **ATM Card** as it has been lost or stolen.

Do you wish to have a new card issued? ___ **YES** ___ **NO** **Fee \$10.00 per card**

- All replacement cards and PIN numbers are mailed to the address on file with Dowagiac Area Federal Credit Union at time request is received.
- All fees are deducted from your account at time request is processed, please indicate if you wish the fees to be deducted from your ___ Checking ___ Savings account.

Member Name: _____ Mothers Maiden Name: _____

Primary Member Signature: _____ Date _____

Joint Member Signature: _____ Date _____

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FOR OFFICE USE ONLY

Date received: _____ **Staff member initials who processed:** _____

Date request processed: _____ **Applicable fees processed:** _____
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Dowagiac Area Federal Credit Union
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