

# Debit Reorder

Date of Initial Request \_\_\_\_\_  
Received By \_\_\_\_\_  
Processed Fee: Yes / No

Account No. \_\_\_\_\_  
Card No. 43040200 \_\_\_\_\_

Primary or Joint Member Name \_\_\_\_\_

Physical Address \_\_\_\_\_  
Street City, State, ZIP

Mailing Address \_\_\_\_\_  
Street or PO Box City, State, ZIP

Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Phone No. (H) \_\_\_\_\_ (W) \_\_\_\_\_

Card turned in:  Yes  No Card Destroyed by \_\_\_\_\_  
Initials

*I (we) hereby authorize the Maui County Federal Credit Union to:*  
 Reorder Card & Pin  Reorder Card  Reorder PIN  Deactivate Card

**Reason:**  Lost  Stolen  Damaged  Unauthorized charges  
*I understand that there will be a \$10.00 replacement card fee.*

X \_\_\_\_\_  
Cardholder's Signature Date

Reason:  Demagnetized  Name Change-Former Name: \_\_\_\_\_  
 Didn't receive original  Close/Re-open Acct

<b>FOR BACK OFFICE USE ONLY:</b>	
Processed by _____	Date _____
Card No. _____ Deleted on PNG _____	Client _____
Initial	Initial