



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

Debit Reorder

Account No. _____
Card No. 43040200 _____

Primary or Joint Member Name _____
Email address of cardholder _____

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

Reason: () Lost () Damaged
I understand that there will be a \$10.00 replacement card fee.

X _____ Date _____
Cardholder's Signature

X _____ Date _____
Joint Member's Signature required if cardholder is a minor (17yrs and under)

Reason: () Demagnetized () Stolen () Unauthorized Charges
() Name Change-Former Name: _____
() Didn't Receive original () Close/Re-open Acct

For BACK OFFICE USE ONLY:
Processed by _____ Date _____
Card No. _____ Deleted on PNG _____ Client _____
Initial Initial