

Replacement Request

A \$10 fee for each card or PIN replacement will be debited from your account.

Card replacement reason:

Lost/Stolen

Expired

Damaged

Never Received

PIN replacement reason:

Forgotten

Specify _____

Please issue me/us a Library of Congress Federal Credit Union:

New ATM card and PIN

New VISA® CheckCard and PIN

PIN only

Card only (ATM/Debit)

Relationship: Owner Joint Owner

Name (print) _____

LCFCU Account No. _____

Last four digits of Social Security No. ____ _

Home Address _____

City _____ State _____ Zip _____

Phone:

Home _____ Work _____

E-mail _____

Additional Card Request

Name* (print) _____

Last four digits of Social Security No. ____ _

*Additional cardholders must be joint on all accounts accessible by the LCFCU CheckCard or ATM card.

Card Agreement

I/We have read and agree to the terms and conditions stated in the T.I.S. disclosure. By signing below, the undersigned request(s) the described services on behalf of all account holders and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned agree(s) that all information is accurate and authorizes the financial institution to verify credit history by any necessary means, including preparation of a credit report by a credit reporting agency.

Signature

Date

Signature

Date