



ACCOUNT # _____

DEBIT CARD REQUEST / RE-ORDER

CARDHOLDER INFORMATION

Name: _____ Email: _____

Mother's Maiden Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell: (_____) _____ Work: (_____) _____ Other: (_____) _____

Check here if this is an address change

Rush Card Order (\$40.00 Fee Applies)

CARD INFORMATION

First-Time Order

Re-Order: Stolen/Fraud

Re-Order: Damaged

Re-Order: Lost

ACKNOWLEDGEMENT

By signing below, I am requesting an Actors Federal Credit Union Debit Card and agree to utilize the card in accordance and adherence to ActorsFCU Membership Agreement which is amended from time to time. I hereby certify that all information on this request form is true and complete to the best of my knowledge. I expressly authorize any person, association, firm, corporation, personnel office requested by ActorsFCU to furnish information concerning me or my financial affairs, including preparation of a credit report by a credit reporting agency. This request form will remain the property of ActorsFCU whether or not a Debit Card is granted. I understand and agree to the "Replacement Card" fee listed on ActorsFCU's fee schedule. I accept the terms of the agreement and other terms as may be determined by ActorsFCU from time to time.

A debit card transaction is considered "authorized" by the cardholder if the card or card number is willingly provided either to a merchant or to another person. Issues with authorized transactions must be reported to the credit union as soon as you become aware of the transaction but no later than 60 days of the date you receive your periodic statement on which the transaction appears. Authorized transactions will be handled as merchant disputes.

A debit card transaction is considered "unauthorized" if the debit card or card number is used by a merchant or person other than the cardholder, who did not have actual, implied or apparent authority for said use. Unauthorized transactions must be reported to the credit union as soon as you become aware of the transaction but no later than 60 days of the date you receive your periodic statement on which the transaction appears.

SIGNATURE(S)

Cardholder Signature: _____ Date: _____

Internal Use Only:

Received By: _____ Debit Card Ordered On: _____ Notes: _____