



105 Sanford Street • Hamden, CT 06514 • (203) 288-1695 • FAX (203) 230-9435

REPLACEMENT DEBIT CARD APPLICATION

Personal Information

Please complete all fields below, and print clearly. Only one (1) card per signer.

Cardholder 1 Name: _____
First Last MI (optional)

Cardholder 2 Name: _____
(Business Name) First Last MI (optional)

Mailing Address: _____

Credit Union Use
Only

Order Date: _____

City State ZIP

Member Number: _____ Number of Cards: _____

Signatures:

Authorized Signer/Cardholder 1: _____

Authorized Signer 2: _____

PLEASE NOTE: There will be a \$5 replacement fee when reordering your card(s). There will also be a \$5 replacement fee for the pin as well. The Credit Union will waive the \$10 replacement fee for stolen cards only.

INFORMATION ABOUT YOUR CARD

1. Your check card will be received in five to ten business days.
2. A separate PIN mailer will be sent and should arrive two to three business days after your card.
3. The system will assign your initial PIN number. You will receive instructions on how to change your PIN when it arrives.