



Mail completed form to:

Las Colinas FCU  
Attn: Member Services  
PO Box 630347  
Irving, TX 75063-0347

# ATM/DEBIT CARD APPLICATION

Or fax to:  
214-273-7111

### Indicate Card Type

ATM Card - This card is for Savings only.

VISA® ATM/Debit Card - This card is for Checking only.

### New Card:

Order Card for Main Member

Order Additional Card for Joint Owner (please list name):  
\_\_\_\_\_

### Replacement Card

(indicate reason for request):

Card Lost/Stolen

The card must be reported as Lost or Stolen – contact Member Services at 214-273-5094 or 800-851-5132; afterhours call 800-472-3272.

Card Damaged

Change Name

### Maintenance:

Change/Reset PIN

Name

LCFCU Account Number

Mailing Address

City, State, Zip Code

Home Phone

Work Phone

Cell Phone

Mail card to address listed above

Mail card to Credit Union (choose a location):

\_\_\_\_\_ Valley Ranch    \_\_\_\_\_ Mary Kay North    \_\_\_\_\_ Regal    \_\_\_\_\_ Zale

Cards take 7 to 14 days to receive. There is an option to have the request expedited. The pass through fee is \$50 for this service. If you wish to have a rush order placed, please check the box below and include your initials to acknowledge that you will be charged a \$50 rush fee.

Yes, I want my card expedited. I understand I will be charged a \$50 rush fee – initial here: \_\_\_\_\_

By signing below, the undersigned requests the described services and agrees to the terms and conditions governing these services, including any fees and charges. If an additional name has been entered above, the undersigned requests and authorizes issuance of an additional card to the named person. I/We understand and agree that said named person shall be a joint owner of this account with all the rights and duties attached to it. I/We further understand that use of this card by any joint owner of this account acknowledges receipt and acceptance of all the terms and conditions contained in the Electronic Funds Transfers Agreement.

### Signature/Date:

Please select a Personal Identification Number (PIN) with four easy to remember numerical digits. It is important for you to keep your PIN in a place of safekeeping as we will retain no record of it. Please do not write your PIN on your card or disclose your PIN to a third party.

**Main Member PIN** \_\_\_\_\_

**Joint Owner PIN** \_\_\_\_\_

Credit Union Use

Rcv'd By/Date:

Ordered By/Date:

.ACCS:

PIN:

CP21: