

Debit Card Maintenance Request Form

Section 705 Federal Credit Union
1455 W Willow St
Lafayette, La 70506
337-232-8450 Fax: 337-232-2786

I would like to apply for (check one):

	Debit Card: <input type="checkbox"/> Replacement	PIN Only: <input type="checkbox"/>
Reason: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Expired	Expedite Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	Request Type: <input type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail

Name	Account No.	
Address		
City	State	Zip
Day Phone	Email Address	
Traveling Outside of Louisiana	Where:	When:
<input type="checkbox"/>		

Verification of Opt-In Consent

<input type="checkbox"/>	Member has extended Overdraft Privilege coverage on the account noted above for ATM and everyday Debit Card overdraft transactions.
<input type="checkbox"/>	Member has declined extended Overdraft Privilege coverage on the account noted above for ATM and everyday Debit Card overdraft transactions.

Application Signature

By signing below, I agree to the terms and conditions of the Section 705 Federal Credit Union Visa Debit Card and Electronic Funds Transfer Disclosure.

Signature	Date

FOR OFFICE USE ONLY

Received By:	Keyed By:	Date:
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