



**VISA CARD REPORT**

Member Name \_\_\_\_\_ Member # \_\_\_\_\_

Joint Owner \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Member Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Choose one: Lost Stolen  Never Received Compromised

Do you wish to have a new Visa Card issued?  Yes  No

*(A fee of \$25.00 may be charged for replacement cards)*

**If lost or stolen, please complete the section below.**

Date of loss/theft \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of cards involved? \_\_\_\_\_

Location of loss/theft \_\_\_\_\_

How did loss/theft occur? \_\_\_\_\_

When was the last purchase? \_\_\_\_/\_\_\_\_/\_\_\_\_ Dollar Amount \$\_\_\_\_\_

Was the card signed?  No  Yes Was the PIN lost or stolen?  No  Yes

Have you notified the police?  No  Yes, Case # \_\_\_\_\_

I certify to the best of my knowledge that the above information is true and correct.

Member Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR CREDIT UNION USE ONLY**

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff Signature \_\_\_\_\_

Card ordered?  Yes  No

Date Ordered \_\_\_\_/\_\_\_\_/\_\_\_\_