



**PRINTABLE**

**DEBIT CARD ORDER FORM**

**DATE:** \_\_\_\_\_

**MN#** \_\_\_\_\_ -- \_\_\_\_\_

**Name of Card Holder(s)** \_\_\_\_\_ **Primary** or **Joint** (Circle One)

\_\_\_\_\_ **ATM CARD** or \_\_\_\_\_ **DEBIT CARD**

**Is your card** \_\_\_\_\_ **Broken** \_\_\_\_\_ **Lost** \_\_\_\_\_ **Stolen**

**If so, what are the Last 6 # of your card** \_ \_ \_ \_ \_

**\*A \$5.00 FEE IS CHARGED FOR REPLACEMENT OF ANY DEBIT/ATM CARDS "EXCEPT FOR FRAUD"**

**\*Take fee from Savings** \_\_\_ or **Checking** \_\_\_

**MEMBER SIGNATURE** \_\_\_\_\_

**COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* Please return this form in person along with your driver's license to one of our branches**