



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