



REPLACEMENT DEBIT CARD FORM

ACCT# _____ SS# _____ BIRTH DATE: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

- I WOULD LIKE THE NEW CONTACTLESS DEBIT CARD. I understand that there will be a **\$5.00 CARD REPLACEMENT FEE** charged to my account to **switch before my existing card expires**.
- MY CARD HAS BEEN LOST OR STOLEN. Please order a new debit card for me. I understand there will be a **\$5.00 CARD REPLACEMENT FEE** charged to my account.
- THERE HAS BEEN FRAUD OR SUSPECTED FRAUD ON MY ACCOUNT. Please cancel existing debit card and issue a new card number to me. **NO CHARGE IF DISPUTE FILED (Supervisor approval required)**.
- BROKEN **(No Fee) *Visual verification needed**.

SIGNATURE

DATE

2101 Geer Road, Ste 401 Turlock, CA 95382

*Phone: (209) 634-2911 *Fax: (209) 634-3362

Submit with **WET SIGNATURE** via:
EMAIL -or- IN OFFICE