



PO Box 5760
Vacaville, CA 95696

FINANCIAL FCU

Visa® Debit Card Order Form

Member Information:

Account #: _____ Date: _____
 Primary Name: _____ Address: _____
 Joint Name: _____
 Phone: _____
 Visa® Debit Card #: 4502390010
 Visa® Debit Card #: 4502390010 Sfx: _____ Limit: 205 305 505 805

For Lost and Stolen Card:

Details of How Theft/Loss Occurred:

City & State Theft Occurred: _____ Date of Theft: _____
 Reported to Police? _____ Case #: _____
 # of Cards Missing: _____ Was Card(s) Signed? _____
 Date Last Used: _____ Amount? _____
 Name of Merchant: _____

For New Card, Replacement Card or PIN:

Is this a New card? Replacement Card* PIN Only / Instant Issue?*

*15.00 Replacement Fee from Checking _____
 (Member Initial)

Account Debited By: _____ By: _____

Member / Joint Owner Signature: _____

New Card # 4502390010 PIN Mailer: _____ Pick up VAC or VAL
 New Card # 4502390010 PIN Offset: _____

CREDIT UNION USE ONLY

Card(s) Captured On:		New Card(s) / PIN Ordered:	
Gold	IQ	Gold	IQ
By: _____	By: _____	By: _____	By: _____
Date: _____	Date: _____	Date: _____	Date: _____

Change of Address Yes No Captured Card Log

Request Taken By: _____

707-557-8900
 707-359-4290
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