ATM CARD/CHECK CARD ORDER FORM

Member Account #: ____ ____ ____ ____ ____ ____

ATM CARD

❑ New ❑ Replacement ❑ Damaged
❑ Lost ❑ Stolen ❑ PIN Re-Order

❑ Instant-Issue
Card# __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

CHECK CARD

❑ New ❑ Replacement ❑ Damaged
❑ PIN Re-Order

For lost/stolen Check Cards only: call **(800) 449-7728**

Print info as listed in the LAFCU Member profile:

Member Name

Driver's License #

Co-Applicant's Name

Driver's License #

Address

City **State** **Zip**

(_____) (_____)
Work Phone **Home Phone**

Home Email

The applicant and co-applicant authorize investigation of their creditworthiness and the renewal of any card(s) issued. Card(s) will be issued upon approval of this application. The disclosure statement explaining your rights and responsibilities as a cardholder will be provided with each new card(s) application. By signing this application, you acknowledge receipt of the disclosure and understand your responsibilities as stated in the disclosure agreement.

X _____ _____
Applicant's Signature **Date**

X _____ _____
Co-Applicant's Signature **Date**

Credit Union Use Only:

Application Verified by Teller # Date

Approved by Teller # Date

For Electronic Services Use Only:

Card #(s) Issued: _____

Date Card(s) Ordered: _____

Card #(s) Issued: _____

Applicant (ATM or Check Card #) Co-Applicant (ATM or Check Card #)

LOS ANGELES Federal Credit Union
YOUR FINANCIAL SOURCE FOR LIFE

P.O. Box 53032 • Los Angeles, CA 90053
(877) MY LAFCU (695-2328)
memberservices@lafcu.org • www.lafcu.org

LAFCU membership is open to active and retired employees, and active volunteers of LA City, members of the Los Angeles Charitable Association, Inc., and their immediate family members. You must be a LAFCU member to obtain credit and/or to use credit union services. *Web-50307*

Your savings federally insured to at least $100,000 and backed by the full faith and credit of the United States Government
NCUA
National Credit Union Administration, a U.S. Government Agency