

**PARKVIEW COMMUNITY FEDERAL CREDIT UNION
VISA DEBIT CARD REPLACEMENT REPORT**

Please complete the following information to replace a lost, damaged or stolen VISA Debit Card.

Member's Name: _____

Member #: _____

Debit Card #: _____

Daytime Phone #: _____

Date Card Lost: _____ Date Card Stolen: _____ Date Card Damaged: _____

Date Reported to C.U.: _____

Date & Amount of Last Debit Card Transaction: _____

(Use for lost or stolen card)

Cardholder's Statement For Reason For a Replacement Card:

(Include as many details as possible, i.e., dates, transaction amounts, etc.)

Signature _____ **Date** _____

(necessary only if member is present)

FOR CREDIT UNION USE ONLY

Report Received on _____ by _____

Date Card Blocked _____ by _____

International Block Region: _____ Expiration Date: _____ Action CD: _____

NOTIFY THE MEMBER OF THE FOLLOWING:

1. Staff must obtain a brief statement of the reason for a replacement card. Staff must inform the member that the fee for a lost/stolen Visa Credit/Debit Card is **\$15.00**. No fee will be charged for a damaged Visa Debit Card or for a replacement card that has confirmed fraud.
2. Staff must inform the member that when a new Visa Debit Card with a new card number is generated, a PIN number will need to be created by the member upon receipt of the new card. The instructions for creating a PIN, including the phone number, will be included with the new card. Staff must also remind the member that they will need to update their Debit Card information with merchants if they use their card to pay recurring charges.
3. Staff should inform the member that all new cards should be received within 10 business days after the card has been ordered. If the card is not received within that time frame the credit union should be contacted.
4. Staff should inform the member that the old card will be blocked immediately.