



Visa® Debit Card or ATM Card Order Form

PRIMARY OWNER INFORMATION

Name: _____

Account Number: _____ Phone Number: _____

Physical Street Address: _____

City, State, ZIP: _____

Email: _____

New Card Request

Card Replacement (\$10 fee)

Reason: _____

Debit Card

Business Debit Card

ATM Card

JOINT OWNER INFORMATION (IF APPLICABLE)

Name: _____

Phone Number: _____

Physical Street Address: _____

City, State, ZIP: _____

Email: _____

By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including the fees and charges. The undersigned agree(s) that all the information is accurate and authorizes Avenir Financial Federal Credit Union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency.

Primary Owner Signature: _____ Date: _____

Joint Owner Signature: _____ Date: _____

