Louisville Medical Federal Credit Union

234 East Gray Street, Suite 130 Louisville, KY 40202-1907

(502) 629-3716 Fax (502) 629-3715

we're here - for those in healthcare

REQUEST TYPE

- □ ATM Card
- □ VISA
- **DEBIT Card**
- □ VISA
 - **CREDIT Card**
- □ \$tatLine
- □ VirtualBranch

FIRST, if your ATM/VISA **Debit/VISA Credit Card** has been lost or stolen, **CALL IMMEDIATELY TO** REPORT IT!

To report a lost or stolen ATM or VISA Debit Card, call 1-800-472-3272.

To report a lost or stolen VISA Credit Card, call 1-800-991-4964.

AFTER you have called, please follow up by completing this form and forwarding it to the Credit Union as soon as possible.

If you have suffered a loss, you must also file a Police Report.

You may also use this form to request a replacement card and/or to request reissue of your PIN (Personal Identification Number).

ATM Card Automated Teller Machine

VISA Credit Card VISA Debit Card

VirtualBranch® nternet Home Banking

StatLine

24/7 Audio Response

Lost/Stolen Card Report

for ATM Cards • VISA Credit Cards • VISA Debit Cards

PIN Request

for ATM/Debit/Credit Cards • VirtualBranch • StatLine

| Date: Member Name: | | | Daytime | |
|-----------------------------------|---------------------|------------------------------|--|-------------------------|
| Member's E-Ma | il Address: | | | |
| Account Number: | | Card #: | | ☐ Individual ☐ Joint |
| REASON: | □ LOST | ☐ REPLACEMENT☐ DAMAGED | ☐ PIN RESET REQUEST (Personal Identification Number) | |
| Describe Circum | stances/Details/I | Reason: | | |
| | • | led? | (If YES, a copy is needed | for our file.) |
| LAST CARD USAGE INFORMATION | | Date: | Time: | |
| | | | | |
| ☐ I hereby repo | ort my Louisville N | Medical Federal Credit Union | ATM/VISA DEBIT/VISA CREDI | T CARD LOST or |

STOLEN as indicated above. I request a new card and PIN be issued to me. I understand there is a \$5.00 charge per card for reissue.

☐ I hereby request a Replacement ATM/VISA DEBIT/VISA CREDIT CARD for the reason stated above. I understand there is a **\$5.00** charge per card for reissue.

☐ I hereby request a new PIN for my existing ATM/VISA DEBIT/VISA CREDIT CARD or Anytime Access through \$tatLine or VirtualBranch as indicated above. I understand there is a \$2.00 charge per PIN to reissue or reset this number.

Member Signature: Date: _ (Must be Signed Prior to Reissue)

ACTION TAKEN: (for Credit Union use only.)

| Trace of order official decorning. | | | | |
|------------------------------------|----------------------|-------------|--|--|
| □ ATM | Card Ordered | / by | | |
| □ DEBIT | DIN O de la 1/De est | , , , , , , | | |
| ☐ CREDIT☐ StatLine | PIN Ordered/Reset | // by | | |
| ☐ VirtualBranch | Fee(s) Charged | / by | | |

LostStolenWebNL.pdf(indd00512)