



## Plastic Card Request Form

- Credit Card                       Savings Account (ATM CARD Only)
- PIN Only                               Checking Account (Visa Debit Card)

Account #: \_\_\_\_\_ Date: \_\_\_\_\_

Member Name: \_\_\_\_\_

Joint Member Name: \_\_\_\_\_  
*(If a Joint card is requested)*

Street Address: \_\_\_\_\_

City | State | Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Reason for Card Reorder: \_\_\_\_\_  
**(MUST COMPLETE OR CARD WILL NOT BE ORDERED)**

Note: To set up your personalized access, ask your Financial Service Representative. Please refer to the "Electronic Funds Transfer" section of your Truth-in-Savings disclosure. By signing below, you agree to the terms and conditions of Burbank Community Federal Credit Union Electronic Funds Transfer Disclosure and Agreement.

Member Signature: \_\_\_\_\_

Joint Member Signature: \_\_\_\_\_  
*(If a Joint card is requested)*

**PLEASE FAX COMPLETED FORM TO: 818.238.2930**

**OFFICE USE ONLY:** Signature Verified? Y N | Employee # & Initials: \_\_\_\_\_

Address Changed? Y N | Date Address Changed: \_\_\_\_\_ | Fee? Y N

Reason for Card issue:  New     Lost     Stolen/Compromised     Damaged/Demagnetized