

Replacement Card Request

Membership number Account number

Card to be: mailed by registered post collected at branch

Member name

Member address

Daytime contact number Email

Visa Debit Card Visa Credit Card rediCARD

I hereby request that a replacement

VISA Card – card no. or

rediCARD – card no.

be issued in the name of

for the following reason(s): Damaged (retain PIN) Lost Stolen Forgot PIN
 Destroyed Taken by ATM Other reason

Declaration

I understand that a replacement fee may apply. *(Please refer to the current Fees & Charges Brochure.)*
I agree to abide by the Conditions of Use that will be supplied to me at the time I receive my replacement card as well as all future amendments.

Member signature Date

If your Card has been Lost or Stolen please call the HOTLINE on 1800 224 004 immediately, then complete this section.

Reported by: Cardholder Other Reference no.:

If Other – relationship to cardholder

Date of Loss or Theft

Where the loss or theft occurred

When card was last used

Where card was last used?

Amount of last purchase or withdrawal \$

Cardholder Signature (if applicable)

Office Use Only

Time received Received by

Card stopped Yes No Reference No.

Signature checked Operator: Faxed: Time: Date:

Card ordered Operator: Time: Date:

Confidentiality – We will treat all your personal data with strict confidentiality in accordance with our Privacy Policy.
For a copy of the policy please contact our Privacy Officer at privacy@intechcu.com.au
Intech Credit Union Limited ABN 70 087 650 191 AFSL 236779