National Co-operative Credit Union

DEBIT CARD GENERAL REQUEST FORM

Name: _____ Account#: _____ Last 4 Digits of Card: _____

Kindly indicate your request by completing the relevant section(s) and placing your initial in the box(es).

☐ **ACCESS TO VARIOUS ACCOUNTS VIA ATM**

Description	Share ID	ON	OFF
Security Savings	_____	☐	☐
Deposit Account	_____	☐	☐
Debit Card Account	_____	☐	☐
Special Savings	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

☐ **OTHER REQUEST: Please provide clear instructions regarding any other request:**

_____

_____

_____

_____

_____

_____

☐ **AMEND MY CARD ACCESS**

- ☐ Include Point-of-Sale Access on my card.
- ☐ I only want ATM access.
- ☐ I no longer want a card.

☐ **AN INCREASE IN MY POINT-OF-SALE LIMIT**

New Limit Requested: _____

Start Date: _____ (mm/dd/yyyy) End Date: _____ (mm/dd/yyyy)

Purpose of Increase:

_____

_____

_____

_____
Approved By & Date

Member's Declaration:

Now therefore, I _____, being cognizant of the risk associated with the services requested therein, agree to indemnify the National Co-operative Credit Union Ltd. and keep you indemnified against all demands, claims, liabilities, losses, costs, and expenses whatsoever (including legal and other costs, charges and expenses) you may incur in enforcing or attempting to enforce your rights under this indemnity, arising in relation to my request or as a result of your undertaking to provide me with this request.

_____ Signature of Member

_____ Phone Number

_____ ID Presented

_____ ID #

_____ Witnessed By

_____ Date:mm/dd/yyyy

☐ **NOTICE OF TRAVEL:**

Date of Departure: _____ (mm/dd/yyyy)

Date of Return: _____ (mm/dd/yyyy)

Destination: _____

FOR OFFICE USE ONLY

_____ Date Received

_____ Received By

_____ Changes Effected By

_____ Date: mm/dd/yyyy

Reviewed & Verified by: _____
Name & Signature

_____
Date: mm/dd/yyyy