



Debit Card Application & Reorder Form

Date: _____ Account #: _____

Primary Owner: _____ Joint Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

If applying, complete section 1.

If reordering, complete section 2.

Section 1 – Application

Primary Owner Signature: _____

If Applicable

Joint Owner Signature: _____

**By signing this application, you certify that the above information is complete, true, and submitted in good faith for the purpose of obtaining a VISA debit card. You also acknowledge receipt of NH Federal Credit Union's Electronic Funds Transfer (EFT) agreement and disclosure. Your use of your VISA debit card indicates your agreement with the terms set forth in the EFT disclosure. With this application, you agree to allow NH Federal Credit Union to file a credit history report as well as a background check in order to approve or deny your request.*

Section 2 – Reorder

Reason for Reorder: Damaged Lost Stolen Last 4 digits: _____

Explanation: _____

Card Holder Signature: _____

**Please note: A \$10.00 charge will apply for card replacements.*

Internal Use Only

Identified by: _____ Date: _____ Processed by: _____ Date: _____