



DC Teachers Federal Credit Union Visa Debit Card Request Form

Name of Employee Receiving Request _____

Date Requested _____

Verify and Update system with all telephone numbers, mailing address & e-mail address

Print Member's Full Name	Account Number	Home Phone
		Work Phone
Verify Mailing Address		Cell Phone
		Email Address

Request Received Via: Fax Telephone Visit to Branch

Reason for issuance

- Lost/Stolen/Closed Card - Card Ending # _____
- Confirmed** Fraud by Falcon – Card Ending # _____
(attach confirmation report from Falcon)
- Reissue PIN Only - Card Ending # _____
- Reissue EMV Chip Plastic Only - Card Ending # _____ **Regulation E "Opt In/Out" Form & Letter Completed**
- New Debit Card

Shipping Options:

- Regular Delivery
- Express (Complete Express form)

Member's Signature/Authorization _____

By signing this account application, you acknowledge and consent to the following identity confirmation program. We require an original, unexpired, government issued picture identification. For non-U.S. persons, we require one or more of the following: a taxpayer identification number, a passport number and country of issuance, an alien identification card number, a number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard. We may also ask you to provide additional information that we need to verify your identity and for other purposes related to your membership. Your signature on this application authorizes the credit union to keep a copy of any information you provide to establish your identity.

Credit Union Use Only: Form must be approved by Member Service Supv. *before* ordering the card in CMS

Date Received	Verified By	Identification Type and Number	Qualifiers	*Date of Last Address Change
Form Processed in CMS By		Issue Date Exp Date	Qualifier	
New Visa Chip Card # 4869210000			Date Completed Form Returned to Member Service Supv	

*If the address was changed within the last 90 days, complete the **Red Flag Alert** form

Form Reviewed and Approved by Member Service Supervisor Date (Initials)	CMS Report Reviewed by Member Service Supervisor _____ (Initials)	Was Card Successfully Issued <input type="checkbox"/> Yes <input type="checkbox"/> No Was exception corrected <input type="checkbox"/> Yes <input type="checkbox"/> No
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