

California Adventist Federal Credit Union

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VISA CARD REORDER REQUEST

Last	First	М.І.
Address: <u>Street Address</u>		Apartment/Unit #:
City	State	Zip Code
ccount Number:	Last 4 digi	ts of SSN:
This request is to reo	rder a: 🗌 Debit Card	Credit Card
Please reorder the card for		
Select all that apply and list the	names below, each card user must be listed on the merr	nber's account)
rd #1:		
rd #2:		
ard #3:		
son for Re-Ordering:		
son for Re-Ordering:		
son for Re-Ordering:	like to receive my VISA card(s) by: (select	
son for Re-Ordering: I would	like to receive my VISA card(s) by: (select	coption below) ————————————————————————————————————
son for Re-Ordering: I would By signing below, I am ac	like to receive my VISA card(s) by: (select Mail to member's address Cknowledging the terms of my request as indicat <u>reordering fee</u> that will be assessed to my acc	CAFCU Branch CAFCU Branch and on this form and agree to the count.
son for Re-Ordering: I would By signing below, I am ac	like to receive my VISA card(s) by: (select Mail to member's address	CAFCU Branch CAFCU Branch and on this form and agree to the count.
son for Re-Ordering: I would By signing below, I am ac	like to receive my VISA card(s) by: (select Mail to member's address Pick up from cknowledging the terms of my request as indicat <u>reordering fee</u> that will be assessed to my acc redit Card = \$35 PER CARD Debit Card = \$30 I	c option below) CAFCU Branch red on this form and agree to the count. PER CARD
son for Re-Ordering: I would By signing below, I am ac <u>Ci</u> lember's Signature:	like to receive my VISA card(s) by: (select Mail to member's address Cknowledging the terms of my request as indicat <u>reordering fee</u> that will be assessed to my acc	coption below)
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**Ensure member is aware of the re-order fee.