



838 Eglin Parkway N.E.  
Fort Walton Beach, FL. 32547-2781  
eglinfcu.org

Account: \_\_\_\_\_  
Last Name: \_\_\_\_\_

## Mastercard Request

Primary Member Name: \_\_\_\_\_

Reason for request:  Initial Order  Lost  Stolen/Compromised  Name Change  Damaged  Expired  
(select one option)  Sent-Not Received  Dispute/Fraud (requires form)  ABU Change **Previous Card Last 4:** \_\_\_\_\_

**Additional cardholders must be a Joint Borrower or Authorized User. There is a \$5.00 charge per card after the first two cards issued.**

**Cardholder name(s) cannot exceed 25 characters (including spaces) – Do not add prefix or suffix (E.g. Mr, Mrs, Dr, Jr, Sr, II, III)**

Cardholder Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City, ST, Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

- Please send me an EFCU **Mastercard** by mail. Mailed cards must be activated before use.
- Please issue me an EFCU **Instant-Issue Mastercard** to be picked up at the \_\_\_\_\_ branch.

### CARD INFORMATION UPDATING SERVICE – This change applies to all cards on this account at reissue.

Your Credit Cards are automatically enrolled in a card information updating service. If your card number or expiration date changes, the new information will automatically be shared with your participating merchants. Not all merchants participate in this service. It remains your responsibility to notify merchants in the event your Credit Card information changes.

I would like to **Opt Out** of the Updating Service. By Opting Out of this service, I realize I will be required to contact all merchants that have my Credit Card on file to update any Credit Card information changes.

I would like to **Opt In** to the Updating Service. By Opting In to this service, I realize that not all merchants participate and it remains my responsibility to notify non-participatory merchants in the event my Credit Card information changes.

By signing this form and continuing to use the account or keeping the card, you agree to continue to be bound by and obligated to the terms of the Consumer Credit Card Agreement and Disclosure. **Note: Signatures must be witnessed by an Eglin FCU employee, a Notary Public, or signed electronically using an Eglin FCU eSignature service.**

X  \_\_\_\_\_  X  \_\_\_\_\_  
Cardholder Signature Date EFCU Witness

**Notary Acknowledgment:** State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_.

Personally Known or  Produced Identification \_\_\_\_\_

X  \_\_\_\_\_ Stamp:  
Notary Signature

#### Internal Office Use Only

FM By: \_\_\_\_\_  Previous Card Hot-Coded  Initial Card Ordered Charge \$5.00:  Yes  No

#### Card Wizard Operator

By: \_\_\_\_\_ # \_\_\_\_\_ Date: \_\_\_\_\_