



EGLIN FEDERAL CREDIT UNION

838 Eglin Parkway NE, Fort Walton Beach, FL 32547-2781
850.862.0111 • 800.367.6159 • eglincfu.org

For Internal Use Only

Account: _____

Last Name: _____

Mastercard Replacement Card Request

Primary Member Name: _____

Please select a reason for replacement: Lost Stolen Damaged 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 21 characters (including spaces)

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**.

Please sign and return this form. Prior to using your card, please review the Mastercard Disclosure. By using the card, you agree to the terms and conditions contained in the disclosure.

***Signature must be witnessed by an EFCU employee, acknowledged by a Notary Public, or signed electronically via DocuSign.**

X _____
Cardholder Signature

_____ Date

X _____
EFCU Witness

Notary Acknowledgment: State of _____ County of _____

The foregoing instrument was acknowledged before me on _____, by _____

Personally Known or Produced Identification _____

X _____
Notary Public Signature

Internal Office Use Only

Request Received By _____

Verified SSN, DOB, Mother's Maiden Name & address.

Previous Card Hot-Coded

Lost

Stolen

Damaged

Charge \$ _____

Card Wizard Operator

By _____ # _____

Date _____

Contact Info Updated

Exceptions

Remarks _____

Approved By: _____

Date: _____