



Plastic Card Application

Member Number: _____

Primary

Joint

Name: _____
Address: _____

Home Phone: _____
Date of Birth: _____

Name: _____
Address: _____

Home Phone: _____
Date of Birth: _____

Select Card Type: ATM Card
 Platinum Rewards Debit Card

Card Destination: Member Home
 Branch: _____
 Other (written request attached)

Reason for Card: New Account
 Lost / Stolen
 Damaged
 Other: _____

Charge Account: Yes No

Fee Amount: \$5.00 Card Replacement fee
 \$40.00 Expedited Delivery (within US limits)
 Expedited Delivery (outside US limits)

By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing these services, including and fees and charges. The undersigned agree(s) that all information is accurate and authorizes the credit union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency.

Primary Signature

Joint Signature

Date

For Credit Union Use Only	
ID Type:	
ID Number:	
Expiration Date:	
Associate Name: _____	Associate Signature: _____

Please fax or mail completed and signed form along with any requested supporting documentation to:

NIHFCU Attention: Member Contact & Support Center
P.O. Box 6475, Rockville MD 20849
Fax: 301.770.5372
Scan & Email: nihfcu@nihfcu.org

Or, you drop this form off at any NIHFCU branch location.