

**AFFIRMATION  
Card Re-Order Form**

**Instructions:** Print, complete and return the completed form to First California Federal Credit Union or mail to 2525 E. Shields Ave. Fresno, Ca 93726. You may also order a new card/pin by sending a secured message through Virtual Branch Online Banking.

Member Number \_\_\_\_\_

Member Name \_\_\_\_\_

Street Address \_\_\_\_\_

City / State \_\_\_\_\_

Phone Number  
(Home, Cell, Work) \_\_\_\_\_

Email Address \_\_\_\_\_

I, the undersigned, and holder of:

Total Teller Card    Visa Credit Card    Visa Debit Card

Card # \_\_\_\_\_

Do hereby affirm that the following checked sentence applies to the disposition of said above listed card and/ or cards.

\_\_\_\_\_ Reissue same card # and pin # as before per member request

\_\_\_\_\_ Member request to reactivate card.

\_\_\_\_\_ Card has been destroyed or demagnetized.

\_\_\_\_\_ Card with expiration date of \_\_\_\_\_ was never received.

\_\_\_\_\_ Member closed account today and returned card and/or cards.

\_\_\_\_\_ Card has been misplaced and if found will not be used.  
A new card number and new pin number will be issued.

\_\_\_\_\_ Card has been stolen. Date: \_\_\_\_\_

\_\_\_\_\_ Card captured at bank or other institution.

\_\_\_\_\_ Other: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\$10.00 REPLACEMENT FEE PER CARD OR PIN NUMBER. (Dependent on Above Selection)  
FOR CREDIT UNION USE ONLY:

Received by: \_\_\_\_\_ Input by: \_\_\_\_\_ Date: \_\_\_\_\_

**2525 E. SHIELDS AVE. FRESNO, CA 93726 | (559)226-8282 | FAX (559)228-0758**