

P.O. BOX 21506  
PHOENIX, AZ 85036  
PHONE: 602-263-6655  
FAX: 602-263-2296  
EMAIL: CREDIT\_UNION@UHAUL.COM  
**UHAULFEDCU.COM**

**DEBIT CARD REQUEST FORM**



**U-HAUL® Federal  
Credit Union**

ACCOUNT NUMBER: \_\_\_\_\_ DEBIT CARD NUMBER: \_\_\_\_\_

PLEASE ISSUE: MASTER CARD DEBIT CARD                      NUMBER OF CARDS:     1     2

NEW DEBIT CARD

REPLACEMENT CARD (MUST STATE REASON FOR REPLACEMENT)

LOST

STOLEN

DAMAGED (CRACKED, WORN, SCRATCHES)

OTHER: \_\_\_\_\_

**PRIMARY MEMBER INFORMATION**

NAME:	SOCIAL SECURITY NUMBER:	DATE OF BIRTH:
HOME ADDRESS (STREET & NUMBER):	CITY/STATE/ZIP:	PHONE:

**JOINT MEMBER INFORMATION**

NAME:	SOCIAL SECURITY NUMBER:	DATE OF BIRTH:
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**CARD AGREEMENT**

BY SIGNING BELOW, I/WE REQUEST A U-HAUL FEDERAL CREDIT UNION DEBIT CARD TO BE ISSUED TO ME/US. I/WE UNDERSTAND THAT A \$10 FEE MAY BE SUBJECT TO THIS REQUEST AND IT CAN TAKE UP TO 7-10 BUSINESS DAYS TO PROCESS.

CARDHOLDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

JOINT CARDHOLDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CREDIT UNION USE ONLY**

DATE RECEIVED: _____	ADDRESS VERIFIED: _____
FEE: _____	PREVIOUS CARD CLOSED: _____
DATE NEW CARD ORDERED: _____	ORDERED BY: _____