

**PALMETTO FIRST FEDERAL CREDIT UNION
DEBIT CARD APPLICATION**

New _____ Replacement _____

ACCOUNT _____ SUFFIX _____

Member name: _____

*OLD CARD _____ OLD EXP _____

SELECT: _____ CARD LOST/ STOLEN HOTCARDED(8) _____ DAMAGED(4) _____ Close Acct (7)

*NEW CARD _____ NEW EXP _____

ORDER:

_____ CARD AND PIN(2) _____ PIN ONLY(3) _____ DUPLICATE CARD ONLY(4)

This form authorizes Palmetto First Federal Credit Union to issue a Debit Card on the account listed above. By signing this, I relinquish Palmetto First Federal Credit Union from any liability should this card be lost or stolen when being mailed. If your debit card is lost or stolen you will have 24 hours to report it. If not reported in a timely manner, Palmetto First Federal Credit Union will not be liable for the transactions that occur.

MEMBER'S SIGNATURE:

CREDIT UNION OFFICIAL:

_____ **DATE:** _____

CHARGE FEE: YES _____ NO _____ (\$5.00 for card / \$3.00 for PIN)

ADDITIONAL COMMENTS: _____
