



CHARTERED 2015

**REQUEST FOR A REPLACEMENT MASTERCARD® DEBIT CARD**

Member Name: \_\_\_\_\_ Member #: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

I am requesting a replacement debit card due to one of the following reasons:

- Lost Card
- Closed Due to Fraud/Unauthorized Use
- Damaged Card
- Other (explain below)

\_\_\_\_\_  
\_\_\_\_\_

**The Finest Federal Credit Union assess a fee of \$5.00 to replace a debit card. This fee will be debited from your Share Draft/Checking account.**

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

CREDIT UNION USE ONLY	
PROCESS BY:	DATE:



215 PARK ROW  
 SUITE 2  
 NEW YORK, NY 10038  
 MON-FRI ~ 9AM-4PM

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