



1902 N.W. 14th Ave
Miami, FL 33125
(305) 545-0744

LOST/STOLEN ATM/DEBIT CARD OR PIN REORDER

Date _____ Main Account Number: _____

Member Name: _____ SS#: _____

Address: _____

Home #: _____ Work #: _____ Cell #: _____

I hereby notify South Florida Federal Credit Union that my ATM Debit Card was:

Lost Stolen Damaged Card cannot read Forgot/Lost Pin Request

I hereby request a new card be issued in my name mailed to the address on file. I also acknowledge that the reorder fee is \$10.00 for any replacement.

Member Signature

Joint Owner Signature

OFFICE USE ONLY

Old Card Number: _____ # _____

New Card Number: _____ Expiration Date: _____ # _____

Officer: _____ Date: _____ Limits: _____

Fee: yes no

Comments:

