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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: _____