



ABN 52 087 650 995: AFSL 24691
PO Box 1099 Maleny Qld 4555
Telephone: (07)5494 2144 Fax: (07)5494 3363
Email: info@malenycu.com.au
Website: www.malenycu.com.au

Replacement Visa Debit Card Application Form

Membership No: _____ Date of Birth _____

Member Name _____

Residential Address: _____

Postal Address (if different from above): _____

Email: _____

Phone: (h) _____ (w) _____ (m) _____

Name of Cardholder _____

I require a replacement card due to:

Damaged Card Lost Card Stolen Lost / Forgotten PIN

Other (please state) _____

If card was lost or stolen:

Date of Loss: ___/___/___ Where loss occurred _____

Where/when card was last used: _____ Amount: \$ _____

I understand my account will be debited the Card Replacement Fee as per MCU's
Schedule of Fees & Charges

Members Signature

Date

Office Use Only:

Previous card: Name = _____ Card a/c = _____ Limit Group = V _____

Hotline Notified (1800 621 199) Date: ___/___/___ Time: _____ Region _____

EFT Ref # _____ Hot listed in CMS _____

New Card Ordered: Date ___/___/___ Replacement fee Charged Yes/No

If previous card damaged or PIN lost, has card been cancelled? Yes / No (if no, why not) _____

Date Card Cancelled _____ Staff Name: _____