



**Educational & Governmental**  
EMPLOYEES FEDERAL CREDIT UNION

In order to facilitate the replacement of your E&G Employees FCU Debit Card please provide the following information to us. Incomplete forms will delay the replacement of your card, so please be sure to provide all of the requested information.

First Name \_\_\_\_\_

Account # \_\_\_\_\_

Last Name \_\_\_\_\_

I need a replacement debit card because:

*(Check One)*

My card was Lost/Stolen

My card is not working

I acknowledge that I may be charged a \$10 fee for replacement of my Debit Card

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Credit Union Use:**

Teller Initials \_\_\_\_\_

Debit Card # \_\_\_\_\_

**Received:**

In person

By mail

By fax