



Members Credit Union

CARDHOLDER AFFIRMATION

I the undersigned, and holder of a Members Credit Union Visa card do hereby affirm that the following checked sentence applies to the disposition of said card.

Card with the expiration date of _____ was never received.

Card was lost

Card was stolen

Fraudulent Use of Credit or Debit Card

Other

Cardholder's Signature _____ Date: _____

Account Number

Member Name

******Photocopy of picture ID must accompany this form******

For Internal Use Only

Scan and email completed form to Card Services.

Card Services Fax: 336-748-4585