

Card Request Form

Member Number: _____



Print out this form, complete and mail or fax to: TEXANS CREDIT UNION, Attn: Card Services, P.O. Box 853912, Richardson, TX 75085 Fax #: 972.348.2200

Member Information: For changes to existing card please enter last six digits of card number: _____

- Texans Debit Card** **Texans ATM Card** *(Fill in Additional Cardholder Name, DOB and SSN information below)*
- New Card** **Reissue Card** **Reissue PIN** **Name Change** **Cancel Card** **Cancel Card (Lost/Stolen)**

Account Number _____
Member Last Name _____ First Name _____ M.I. _____ DOB _____
SSN _____ Driver's License _____ Phone Verification _____
Address _____ Apt No. _____ City _____ State/Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____

Additional Cardholder #1: For changes to existing card please enter last six digits of card number: _____

- (Fill in Additional Cardholder Name, DOB and SSN information below)*
- Texans Debit Card** **Texans ATM Card**
- New Card** **Reissue Card** **Reissue PIN** **Name Change** **Cancel Card** **Cancel Card (Lost/Stolen)**

Account Number _____
Member Last Name _____ First Name _____ M.I. _____ DOB _____
SSN _____ Driver's License _____ Phone Verification _____
Address _____ Apt No. _____ City _____ State/Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____

Additional Cardholder #2: For changes to existing card please enter last six digits of card number: _____

- (Fill in Additional Cardholder Name, DOB and SSN information below)*
- Texans Debit Card** **Texans ATM Card**
- New Card** **Reissue Card** **Reissue PIN** **Name Change** **Cancel Card** **Cancel Card (Lost/Stolen)**

Account Number _____
Member Last Name _____ First Name _____ M.I. _____ DOB _____
SSN _____ Driver's License _____ Phone Verification _____
Address _____ Apt No. _____ City _____ State/Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____

Additional Cardholder #3: For changes to existing card please enter last six digits of card number: _____

- (Fill in Additional Cardholder Name, DOB and SSN information below)*
- Texans Debit Card** **Texans ATM Card**
- New Card** **Reissue Card** **Reissue PIN** **Name Change** **Cancel Card** **Cancel Card (Lost/Stolen)**

Account Number _____
Member Last Name _____ First Name _____ M.I. _____ DOB _____
SSN _____ Driver's License _____ Phone Verification _____
Address _____ Apt No. _____ City _____ State/Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____

Authorizations:	Signature	Date
Member Name	_____	_____
Additional Cardholder #1	_____	_____
Additional Cardholder #2	_____	_____
Additional Cardholder #3	_____	_____

- CREDIT UNION USE ONLY:** Sent to Support Services by Fax Sent through TTS
- Branch Name _____ Teller ID: _____
- Print Screen on back of this form and send to Records
- | | | |
|---------------|-----------------------------------|---------------------------------|
| Member | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
| Cardholder #1 | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
| Cardholder #2 | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
| Cardholder #3 | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |