

CAROLINA COLLEGIATE FCU
New and Replacement ATM/VISA Debit Card Application

Name _____ Birth Date ____/____/____

Street _____ City _____

State _____ Zip _____ e-mail Address _____

Social Security Number _____ Member (Main) Account Number _____
(Last 4 Digits)

Work Phone _____ Home Phone _____ Cell Phone _____

Checking Account Number: 453009 _ _ _ _ _

Joint Name _____ Birth Date ____/____/____

Street _____ City _____

State _____ Zip _____ e-mail Address _____

Social Security Number _____ Member (Main) Account Number _____
(Last 4 Digits)

Work Phone _____ Home Phone _____ Cell Phone _____

___ New Card ___ Reissue Card (Worn) ___ Lost Card (\$10 Fee)

___ Reissue Code (\$5 Fee)

___ Gamecock Debit Card

___ Standard Debit Card (029 Currency)

___ Standard ATM Card (018 Earth Globes)

___ Card Collection Choice _____ (Card Code and Name as seen at www.carolina.org)

(For our Photo ID Debit Card Choice, please visit one of our offices)

Your card will be mailed within 14 days after the application is received and approved by our office. For security reasons, your pin (personal identification number) will be computer generated unless you visit one of our offices. Your Pin will arrive several days after you receive your card. For replacement cards, the pin will not change. A \$10.00 plastic reissue fee is charged for existing card holders to change styles.

I hereby authorize Carolina Collegiate FCU to send validated access cards to me to initiate Electronic Funds Transfer using the above accounts. Use of this card will be proof of my acceptance of the terms and conditions of the Account Agreement.

Signature _____ Date _____

Signature _____ Date _____

Return to: 4480 Rosewood Dr. Columbia, SC 29209

OFFICE USE ONLY

___ Reissue Card ___ Reissue Code (\$5 Fee) ___ Lost Card (\$10 Fee)

Reason _____

___ Delete Account# _____

___ Add Account# _____