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DEBIT CARD ORDER FORM

NEW

REISSUE: Last 5 # _____

LOST

DAMAGED

STOLEN/FRAUD

ATM ONLY

BY SIGNING BELOW I AGREE TO ALLOW BRAZOSPORT TEACHERS FEDERAL CREDIT UNION (herein also referred to as 'BTFCU') TO ORDER A VISA DEBIT OR ATM CARD FOR ME. I REALIZE THERE MAY BE A FEE ASSOCIATED WITH THIS REQUEST. PLEASE ASK A MEMBER SERVICE REPRESENTATIVE FOR DETAILS. BRAZOSPORT TEACHERS FEDERAL CREDIT UNION WILL ALSO CHARGE A SEPARATE SERVICE FEE FOR EACH NON-PROPRIETARY* ATM USED. THIS DOES NOT INCLUDE AND IS IN ADDITION TO ANY FEES CHARGED BY THAT TERMINAL. *a non-BTFCU ATM, branded or otherwise.

MEMBER INFORMATION

NAME:

FULL MAILING ADDRESS

PHONE #:

DOB:

LAST 4 OF SSN:

MOTHER'S
MAIDEN NAME:

MEMBER &
ACCOUNT #:

MEMBER SIGNATURE

DATE

Credit Union Use Only

Date Ordered: _____ Last 5 of Debit Card # _____

Fee Charged Fee Waived Employee Initials: _____