



California Adventist Federal Credit Union

1441 E. Chevy Chase Drive, P.O. Box 9513

Glendale, CA 91206

Phone (818) 246 - 7241

Email: operations@cafcu.net

Website: www.cafcunet

VISA CARD REORDER REQUEST

Full Name: Last First M.I.

Address: Street Address Apartment/Unit #:

City State Zip Code

Account Number: Last 4 digits of SSN:

This request is to reorder a: Debit Card Credit Card

Please reorder the card for: Primary Account Holder Joint Account Holder

Card #1:

Card #2:

Card #3:

Reason for Re-Ordering:

I would like to receive my VISA card(s) by: (select option below)

Mail to member's address Pick up from CAFCU Branch

By signing below, I am acknowledging the terms of my request as indicated on this form and agree to the reordering fee that will be assessed to my account.

Credit Card = \$35 PER CARD | Debit Card = \$30 PER CARD

Member's Signature: Date:

(for CU Use Only)

Ordered By: Date Ordered:

**If order made via phone call, verify member information.

**Ensure member is aware of the re-order fee.