

Complete this form to replace a lost, stolen or otherwise compromised Debit/ATM card. **Please note:** Card Replacement Fee applies to Lost and Damaged. Once complete, use one of these options to deliver this form to the Credit Union:

- Upload to HUECU using the **Document Uploader** at [huecu.org/upload](http://huecu.org/upload). (Preferred!)
- Fax to 617.812.8401
- Mail to P.O. Box 382609, Cambridge MA, 02238-22609
- Visit any HUECU Branch

Name: \_\_\_\_\_ Member #: \_\_\_\_\_ Last 4 #s of Social Security: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**What is the reason for this card replacement?**  Lost  Stolen  Damaged  Other \_\_\_\_\_

**Please Note:** If fraudulent transactions occurred on this card, you must fill out a fraudulent activity report and submit it to the Credit Union.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)

**INTERNAL USE ONLY**

Card #: \_\_\_\_\_ Inst  Mailed  Adch

Processed by: \_\_\_\_\_ Date Ordered: \_\_\_\_\_ (mm/dd/yyyy)

Ordered by: \_\_\_\_\_ Audit: \_\_\_\_\_