WELLNESS®
FEDERAL CREDIT UNION
People helping People

LOST / STOLEN VISA, DEBIT CARD NOTIFICATION

Name _____

Address _____

_____

Account Number _____

Social Security Number _____

Birth Date_____

Phone #_____

Work Phone #_____

Please block my/our: ☐ Debit MasterCard ☐ VISA Credit Card

My card number is: _____(16 digits)

Reason _____

_____

_____

Date card was last used _____

Where _____

Amount _____

Do you need a replacement card?

☐ Yes

☐ No

$10.00 FEE FOR VISA, MMC REPLACEMENT CARD. **Fee charged** ☐ **Fee waived** ☐ **Authorized by:** _____

Signature _____(SEAL)

Signature _____(SEAL)

Date _____

Wellness Federal Credit Union | 15 Van Dyke Avenue, Hartford CT 06106 | (860) 547-0027