

Redicard Maintenance, Replacement & Closure Form

Card Number: 584003199_____ Expiry Date: ____/____/____

Cardholder Name: _____

Member Number: _____ Client Number: _____ Account Type: _____

Postal Address: _____

_____ P/Code: _____

Please transfer Access of my Redicard from:

- S1 Total Access Account to A/c Type S _____
 S13 Redi Access Account to A/c Type S _____
 S65 Senior Saver Account to A/c Type S _____

Please Link my Redicard to:

- Savings 2 A/c Type S _____
 Loan 1 A/c Type L _____

Members Signature: _____ Date: ____/____/____

*I request a new Redicard due to: (Tick appropriate reason)

- Redicard Damaged or faulty Current Redicard retained by member
 Unable to remember PIN
 PIN / Redicard not received
 Member has changed name
 Redicard taken by ATM

Redicard is currently Linked to:

- Savings 2 A/c Type S _____
 Loan 1 A/c Type L _____

Lost or Stolen Redicard

Lost / Stolen Date last used: ____/____/____ Amount: \$ _____ Time: _____ am/pm

If stolen, date ____/____/____ and place _____ report was made to the police.

Describe how loss or theft occurred: _____

I acknowledge that the replacement Redicard and PIN will be issued shortly by the Credit Union and that they will operate under the same terms and conditions as were applicable to the original Redicard and PIN. I also understand that there will be a charge of \$5.00 for my replacement card/s or PIN/s

Members Signature: _____ Date: ____/____/____

*Closure of Redicard and ATM Facilities with FCCS Credit Union

Please close my Redicard and ATM facilities with FCCS.

Members Signature: _____ Date: ____/____/____

* **NOTE** - The old redicard is to be handed in to the Credit Union and you should witness the destruction by FCCS's employee (if applicable).

LIMITS ON REPLACEMENT REDICARD (ATM35 - Input Card Number)

Offline Withdrawal Limit: \$ _____ OnLine Limit: \$ _____ POS Pre-Authorised: \$ _____