

## Replacement Card Request

Membership number  Account number

Card to be:  mailed by registered post  collected at branch

Member name

Member address

Daytime contact number  Email

Visa Debit Card  Visa Credit Card  rediCARD

I hereby request that a replacement

VISA Card – card no.  or

rediCARD – card no.

be issued in the name of

for the following reason(s):  Damaged (retain PIN)  Lost  Stolen  Forgot PIN  
 Destroyed  Taken by ATM  Other reason

### Declaration

I understand that a replacement fee may apply. *(Please refer to the current Fees & Charges Brochure.)*  
I agree to abide by the Conditions of Use that will be supplied to me at the time I receive my replacement card as well as all future amendments.

Member signature  Date

**If your Card has been Lost or Stolen please call the HOTLINE on 1800 224 004 immediately, then complete this section.**

Reported by:  Cardholder  Other Reference no.:

If Other – relationship to cardholder

Date of  Loss or  Theft

Where the loss or theft occurred

When card was last used

Where card was last used?

Amount of last purchase or withdrawal \$

Cardholder Signature (if applicable)

### Office Use Only

Time received  Received by

Card stopped  Yes  No Reference No.

Signature checked  Operator:  Faxed: Time:  Date:

Card ordered  Operator:  Time:  Date:

**Confidentiality** – We will treat all your personal data with strict confidentiality in accordance with our Privacy Policy.

For a copy of the policy please contact our Privacy Officer at [privacy@telstracu.com.au](mailto:privacy@telstracu.com.au)

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