

ADD PIN / CARD



LCFCU.ORG | 202-707-5852
800-32-LCFCU (52328) | 800-325-2328

A \$10 fee for each card or PIN replacement will be debited from your account.

Card replacement reason:
 Lost/Stolen Expired Damaged Never Received

PIN replacement reason:
 Forgotten Specify: _____

Please issue me/us a Library of Congress Federal Credit Union:

New ATM card and PIN New VISA® CheckCard and PIN
 PIN only Card only (ATM/Debit)

Relationship: Owner Joint Owner

Name (<i>Print</i>): _____	LCFCU Account #: _____
Last four digits of Social Security Number: _____	
Home Address: _____	
City: _____	State: _____ ZIP: _____
Home Phone Number: _____	Work Phone Number: _____
Email: _____	

Additional Card Request

Name (*Print*): _____ Last four digits of Social Security Number: _____

*Additional cardholders must be joint on all accounts accessible by the LCFCU CheckCard or ATM card.

Card Agreement

I/We have read and agree to the terms and conditions stated in the T.I.S. disclosure. By signing below, the undersigned request(s) the described services on behalf of all account holders and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned agree(s) that all information is accurate and authorizes the financial institution to verify credit history by any necessary means, including preparation of a credit report by a credit reporting agency.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please Fax or Mail your completed form:

- Fax: 202-707-6418
- By Mail:
Library of Congress FCU
8100 Professional Place, Suite 308
Hyattsville, MD 20785-2229

Completed forms can also be dropped off in-person at our Madison branch:

**101 Independence Ave., SE,
Room LM 634,
Washington, DC 20540-9997**