

Employee Initials: _____ ID/Signature Verified: _____

PIN and Replacement/Additional Card Request

Please complete this form and bring it to Goetz Credit Union office, or you can mail it to the address provided, or fax to:

Mailing Address: Goetz Credit Union 1905 Howard St. Joseph, MO 64501 Fax: 816-232-5791 Date: Account Number: Member Name: Mailing Address: City, State, Zip: PIN: Replacement Debit Card: Additional Debit Card: Member's Signature (Required)______ For your protection, we will verify this signature with the one on your original membership card. For office use only