



Request for EMV Reissue

Applicant:

Name on card: _____ Last 4 digits of card: _____ CVV #: _____

Address¹: _____

City: _____ State: _____ Zip: _____

Phone: _____ Account Number: _____

Secondary Phone²: _____

Please review and sign below. One form for each cardholder.

Signature (may be signed by any account owner)

Date

Fax or email form to 904-296-2559 or info@alivecu.coop

Cards will be issued immediately. Approximate mailing time is 10 business days from date of order. Existing card will expire approximately 10 business days after receiving the EMV card.

¹Must match address on file. If you need to update existing address, you may log into Home Banking to do so or request an Address Change Form from Member Services. ²Please provide all phone numbers for activation.