



# REQUEST FOR CHANGE(S) TO VISA CREDIT CARD ACCOUNT

To make changes to your Los Angeles Police Federal Credit Union Visa Card account, please provide your full account and contact information and complete the applicable sections below. Submit this form in person at your nearest LAPFCU branch or mail it to: Card Services, LAPFCU, 16150 Sherman Way, Van Nuys, CA 91406

### Account and Contact Information

Primary Cardholder Name: \_\_\_\_\_  
LAPFCU Account #: \_\_\_\_\_  
VISA Account # \_\_\_\_\_

Date: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_

**Request Additional Card**

Please issue an additional card on my VISA account in the name of:

\_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Print name exactly as it is to appear on the card)

By signing below I acknowledge and agree to the terms and conditions stated in my original VISA Credit Card Agreement and Federal Truth-in-Lending Disclosure Statement, specifically the provision of responsibility with the issuance of this card.

New cardholder signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Primary cardholder signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Delete Account Holder**

Please delete the following secondary cardholder on my account:

\_\_\_\_\_  Card has been cut in half and is enclosed.  Card has been destroyed.

(Name of person to be deleted)

**Request Replacement Card**

Please issue a replacement card on my account in my name \_\_\_\_\_

I am making this request due to: \_\_\_\_\_ (Print name as it is to appear on the card)

Name change (Certification must accompany this form)  Damaged card (Card has been destroyed)

**Request Billing Cycle Change**

Please change my Los Angeles Police Federal Credit Union Visa Account billing cycle statement dates:

1<sup>st</sup> working/business day of the month.  6<sup>th</sup> working/business day of the month.  12<sup>th</sup> working/business day of the month.

**Request to Close Account**

Please close my Los Angeles Police Federal Credit Union VISA Account.

All card(s) is/are enclosed.  
 All card(s) has/have been destroyed.

I acknowledge & agree to provisions stated in the VISA Credit Card Agreement & Federal Truth-in-Lending Disclosure Statement.

\_\_\_\_\_  
Primary cardholder signature

\_\_\_\_\_  
Date

**Credit Union Use Only:**

Date received: \_\_\_\_\_ Identification Verified By: \_\_\_\_\_ Date Forwarded to Card SVC: \_\_\_\_\_

**Card Services Use Only:**

Date received: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date processed: \_\_\_\_\_