

Edco Federal Credit Union

Replacement Card Request

Name _____ Account # _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone No. (____) _____ Replace ATM Card Or Debit Card (Circle One)

Reason for replacement _____

There may be a \$5.00 replacement fee charged to your account.

Member's Signature _____ Date _____

Please fax or mail to:

**Edco Federal Credit Union
1165 North Ridge Road E.
Lorain, Ohio 44055
Phone # 440-233-4878
Fax # 440-233-8519**