

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 _____

A **\$10.00** replacement fee will be withdrawn from your account.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: 866-936-6950**