



360 North Wood Ave. • Linden, New Jersey 07036
Phone: 908-862-6966 • Fax: 908-523-6119

Visa Debit Card Closure Form

Member Name (Print): _____

Motion C.U. Account Number: _____

Visa Debit Card Number (16 Digits): _____

I am requesting that Motion Federal Credit Union close the debit card listed above.

Reason for closure:

The card is **not** in my possession **(Required* list date lost OR stolen below)**

The card was lost on (date: _____)

The card was stolen on (date: _____)

Fraud/unauthorized charges **(Required* please provide additional details below)**

No longer using

Closing account

Damaged

Other/Additional information:

I understand that it is my responsibility to notify any company that is authorized to automatically debit the Motion Visa Debit Card listed above. I will not hold the Motion Federal Credit Union liable for any loses which I incur as a result of closing my Visa Debit Card.

Do not send me a new debit card

Please send me a new debit card – I am aware that there is a fee of \$7.00 for a replacement debit card which will be debited from my account. I further acknowledge that I have received, read and agree to be bound by the terms of the Motion FCU Visa Debit/Check Card Disclosure Statement & Agreement. _____ **(Cardholder initial)**

Cardholder Signature: _____ **Date:** _____

----Credit Union Use Only----

Branch: _____

Employee Name/Signature: _____ **Date:** _____