



## Redicard Lost Card Report & Application for Replacement Card

Date (dd/mm/yyyy)  /  /  Member Number

Redicard Number  Account

Cardholder Name  Address

City  State  Postcode

Email/s

Home Phone/s  Mobile Phone/s

### Card Loss Circumstances

Was the card signed?  Yes  No Place: \_\_\_\_\_

Was the card lost or stolen?  Lost  Stolen Date: \_\_\_\_\_ Time: \_\_\_\_\_

Loss reported to  Date: \_\_\_\_\_ Time: \_\_\_\_\_ Ref:

Was PIN recorded  On card  Disguised  Other

Where was PIN record or kept?  Place: \_\_\_\_\_

Was record of PIN lost or stolen?  Lost  Stolen Date: \_\_\_\_\_ Time: \_\_\_\_\_

Has PIN been disclosed to anyone?  Yes  No

If yes, to whom has the PIN been disclosed  Family  Spouse  Other

How and where did the loss of the card/PIN occur?

Date of last valid transaction  Amount \$

Apply for Replacement Redicard?  Yes  No (If Yes, please fill in details on reverse)

\_\_\_\_\_  
Cardholder's Signature

## FRONT OFFICE USE ONLY

Received by: Op. No. \_\_\_\_\_ Date: \_\_\_\_\_

Member Signature Verified: Address details checked: (P & R) Card stopped or restricted  
(P & R - ATM35 - Maintain Status) 

## BACK OFFICE USE ONLY

Check - card is stopped or has  
restricted access 

Op. No. \_\_\_\_\_ Date: \_\_\_\_\_

If the address has been amended, please complete section below:

Security questions asked and updated  Yes  NoAddress amended: (P & R - edit 'Address Details')  Yes  NoOther services notified (MyCard, QBE):  Yes  NoLinked member address updated?  Yes  No**Application for Replacement Card**Date (dd/mm/yyyy)  /  / Member Number Member Name 

First Account to be accessed with Redicard:

Second account to be accessed with Redicard (Access through rediATM ONLY)

I hereby apply for a Redicard and Personal Identification Number (PIN) to be issued to me to enable me to access my accounts at authorised electronic banking terminals such as Automatic Teller Machines (ATMs) and point of sale terminals (EFTPOS). I agree to abide by the conditions of use now supplied to me and acknowledge that my signature on this application form signifies my acceptance of these conditions of use. I request Orange Credit Union to deliver my PIN by mail, whereupon I will collect my Redicard from the Orange Credit Union office and will complete the PIN/card acknowledgement form at this time.

\_\_\_\_\_  
Signature

## FRONT OFFICE USE ONLY

Received by: Op. No. \_\_\_\_\_ Date: \_\_\_\_\_

Member Signature Verified: Address details checked: (P & R) First A/c type to be accessed: SSecond A/c type to be accessed: S

## BACK OFFICE USE ONLY

Redicard ordered: 

Op. No. \_\_\_\_\_ Date: \_\_\_\_\_

Card No. to be added \_\_\_\_\_