



ACCOUNT CHANGE REQUEST FOR VISA

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: Home Phone Number: LAPFCU Member #: Work Phone Number: VISA Account #: Cell Phone Number:

Request Additional Card, Delete Account Holder, Request Replacement Card, Request to Close Account

I acknowledge and 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: Member Verified OFAC Forward Form to Card Services Op #: