



**REQUEST FOR CHANGE(S)  
TO VISA CREDIT CARD ACCOUNT**

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:**

Date: \_\_\_\_\_

Primary Cardholder Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

LAPFCU Account #: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

VISA Account # \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

**Request Additional Card – NOTE: An Authorized User must be at least 18 years of age**

Please issue an additional card on my VISA account in the name of:

\_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Print name exactly as it is to appear on the card)

Authorized user signature: \_\_\_\_\_ Date: \_\_\_\_\_

(In the event that the Visa Credit Card Account is no longer in use by the primary cardholder, LAPFCU will immediately deactivate all access to this credit card.)

By signing below I acknowledge and agree to the terms and conditions stated in my original VISA Credit Card Agreement and Federal Truth-in-Lending Disclosure Statement, specifically the provision of responsibility with the issuance of this card.

Primary cardholder signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Authorized user may not make any changes or request any information on the credit card account.)

**Delete Account Holder**

Please delete the following authorized user on my account:

\_\_\_\_\_  Card has been cut in half and is enclosed.  Card has been destroyed.

(Name of person to be deleted)

**Request Replacement Card**

Please issue a replacement card on my account in my name \_\_\_\_\_

(Print name as it is to appear on the card)

I am making this request due to:

Name change (Certification must accompany this form)  Damaged card (Card has been destroyed)

**Request to Close Account**

Please close my Los Angeles Police Federal Credit Union VISA Account.

All card(s) is/are enclosed.  All card(s) has/have been destroyed.

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: \_\_\_\_\_ Identification Verified By: \_\_\_\_\_ CRM Service Request #: \_\_\_\_\_