PSECU[®]

DEBIT CARD AMENDMENT

The Debit Card Amendment form must be completed when you want to change your debit card service by adding, removing or replacing a cardholder. A cardholder must be a joint owner and must be at least 18 years old to have a card in their name. Remember, debit card service allows only two cards on the account.

FIRST NAME	M.I.	LAST NAME
ACCOUNT NUMBER		

INSTRUCTIONS: If you want to add a second cardholder to your account, complete Section 1 only. If you already have a second cardholder on your account and you want to remove this person, complete Section 2 only. If you want to replace this person, complete Section 3 only. **The member and joint owner-cardholder(s) must sign below.**

SECTION 1 - Adding a Second Cardholder: This cardholder must be a joint owner and at least 18 years old. THIS PERSON MUST SIGN BELOW. NO PIN REQUIRED. Please note it will take approximately two weeks to receive the second card.

SECOND CARDHOLDER NAME (as it will appear on the card)			
SECTION 2 - Remove the Second Cardholder:	SECTION 3 - Replace the Second Cardholder:		
Please note: A new card number will be issued with the PIN indicated below. It will take approximately two weeks to receive your new card(s). You must select one option below or cards will be closed immediately.	Remove (name of cardholder being removed)		
 Close existing card number immediately. I understand that I will not have debit card access to my funds until my new card number is received. Leave existing card number open until new card number is received and activated. The joint owner whose access is being removed will have card access to this account when choosing this option until the member's existing card is closed. PIN REQUIRED Note: Any merchant that automatically bills your debit card needs to be notified of your new card number to prevent disruption of service. 	Replace with		
SIGNATURE REQUIRED BELOW	SIGNATURE REQUIRED BELOW		

SECTION 4 - Read and Sign. Both the member and joint owner(s) - cardholder(s), if applicable, must sign.

I/We hereby want to make changes to my/our debit card privileges with my/our PSECU Checking Shares. I/We agree that my/our use of the debit card signifies my/our acceptance of the rules, regulations, agreements, and disclosures that are associated with Checking Shares and the debit card. I/We also agree that PSECU may add or discontinue services and fees for services and make other changes to these agreements from time to time. I authorize any person, association, firm, corporation, or personnel office to furnish information concerning me or my affairs and any joint owner designated as a cardholder, including a credit report, upon request of this credit union. I understand that I and any designated cardholder have the right to request, in writing, the nature and scope of the credit unions investigation. Should PSECU receive any debit card or other debit transaction that is greater than the available balance of funds in Checking Shares, PSECU may at its sole option and without regard to which cardholder completed the transaction, either settle the transaction and add the excess to the Personal Service Loan of any cardholder or withdraw sufficient funds from my other share balances owned by me or any designated cardholder. The exercise by PSECU of any overdraft option to a PSL constitutes authorization to any of the signees to advance funds from my Personal Service Loan regardless of whether the joint account holder is also a party to the Personal Service Loan. Any negative balance created in my/our checking account by the use of this card shall bear interest at the highest unsecured loan rate offered by PSECU until paid in full. I and all owners agree to be liable for any regative balances including fees and costs, created by the actions of any joint owner, in any jointly held account. Any financial service provided by PSECU may be used for any transaction permitted by law. You agree that you will not use any service for any transaction that is illegal under applicable federal, state or local law. You agree that

MEMBER'S SIGNATURE	DATE	
JOINT OWNER - CARDHOLDER'S SIGNATURE	DATE	
JOINT OWNER - CARDHOLDER'S SIGNATURE	DATE	

Fax or email completed form to: FAX 717.720.1234 • APPLICATIONP@PSECU.COM