FEDERAL CREDIT UNION
P.O. BOX 65
201 VARICK ST
NEW YORK, NY 10014
www.abefcu.org

DEBIT/ATM CARD REPLACEMENT FORM

Check **one** of the following:

____Replacement ATM Card(s)

____Replacement Debit Card(s) **(Requires a Checking Account)**

****Please note, upon reissue of ATM or Debit card(s), your current card(s) will no longer function****

Member Information

Account Number: _____

Member Name: _____

Joint Owner Name: _____
(If Applicable)

Home Phone # _____ Work Phone #_____

Mobile Phone # _____ E-mail Address: _____

Reason for replacement: _____

_____

Member Signature: _____ Date: _____

Joint Owner Signature: _____ Date: _____
(If Applicable)

For ABEFCU Use Only:

Form was (Check One) _____Mailed _____ Accepted at ABE Branch Location

Branch Location: _____ Teller # _____

Approved By: _____

____Replacement ATM Card(s) Issued

____Replacement Debit Card(s) Issued

Rev.9/25

BRANCH LOCATIONS

Hudson Square
New York, NY
212 456-1064

680 Birch Street
Bristol, CT 06010
860 766-2622

1717 DeSales Street NW
Washington, DC 20036
202 222-7444

190 N. State Street
Chicago, IL 60601
312 899-4104

4151 Prospect Avenue
Los Angeles, CA 90027
323 671-4515

2300 Riverside Drive
Burbank, CA 91521
818 460-5036

2312 West Olive Avenue
Suite A
Burbank, CA 91506
818 840-0500

Corporate Headquarters
7-11 Front Street
Rockville Centre, NY 11570

ABE Online Banking
www.abefcu.org