

CARDTROL CARD REQUEST FORM

Decatur Cooperative Association

Name on Account: _____

Account Owner: _____

Account Number: _____

Number of Cards requested: _____

I request the same PIN # on all cards _____ Yes _____ No

I request to enter a vehicle # _____ Yes _____ No

I understand and agree that I am responsible for all charges to this account through the cardtrol card (s), even if card (s) are lost, stolen, misplaced or used by anyone unauthorized until Decatur Cooperative Association is notified in writing per guideline below.

NOTICE OF SHUT OFF REQUEST:

1. A written notice to shut off the card needs the signature of the account holder, signature of Decatur Coop Office Employee who witnesses the request, the date, time & card number(s) involved. A phone call for immediate shut off is appropriate with proper notes made on the written request. (Proper notes include date, time, name of person making request, name and account number on the account involved & initials of person receiving request).
2. New & replacement cards must be picked up personally at one of Decatur Coop's locations so the new cardtrol agreement can be signed by the cardholder and witnessed by an employee of Decatur Coop Assn.

Account Owner Signature

Date: _____

Witness: _____

Date: _____

Office use only:

Assigned card numbers: _____
