

# Alternate Address Request for Mailing Credit / Debit Card



Use this form to request a credit or debit card to be sent to an alternate mailing address.

- **Do not use this form to report a lost, stolen, or compromised credit or debit card.**
  - To report your card as lost or stolen, or if you suspect fraud, contact us immediately at **800-233-2328**.
- **Before completing this form**, please contact BECU by phone or in person to discuss delivery options and associated fees.
- If returning this form by fax, be sure to attach a copy of your valid government-issued photo ID.
- Sign and date the request. BECU requires your signature to send mail to an alternate address.
- If you have any questions, please contact a BECU representative at **800-233-2328**. To find a location near you, visit **becu.org/locations**.

Thank you for choosing BECU for your financial service needs.

FULL NAME (as it appears on your account)		PHONE	LAST 4 DIGITS OF SSN	BECU USE ONLY Person #
CARD TYPE Visa Credit Card Debit Mastercard / ATM Card Last 4 digits of Credit or Debit / ATM card number: _____		CARD REPLACEMENT REASON Card damaged Fraud, lost, or stolen (date reported _____) Other (explain below)		
<b>Domestic Alternate Mailing Address</b>				
ATTENTION / IN CARE OF:				
ADDRESS				
CITY		STATE		ZIP CODE
<b>International Alternate Mailing Address</b>				
ATTENTION / IN CARE OF:				
ADDRESS 1				
ADDRESS 2				
ADDRESS 3				
CITY		STATE / PROVINCE / REGION		COUNTRY
				POSTAL/COUNTRY CODE
ADDITIONAL INFORMATION:				
<b>I authorize that a replacement card be mailed to the alternate address listed above and agree to the associated fees. This address will not be kept on file. This form is for one-time use and only applies to this specific request.</b>				
SIGNATURE				DATE

Please return the completed and signed form along with a copy of your valid photo ID to:  
BECU Card Services, fax: 206-805-5663