

Yes! I want to upgrade my MasterCard to ScoreCard!

Name

Last 3 digits of my MasterCard

Member Number

Phone

*You may also upload a signed **pdf** of this form in HomeBanking, under the "More" field in the blue band, scroll down to "Member Documents/Upload"

X

Signature

Date

I understand I will be issued a **new card with a new number** and that I should change any automatic payments on the old card to the new card as soon as my new card is activated. I understand that my old MasterCard will be deactivated 10 days after my new card is issued. I also understand that upon receiving my new card, it must be ACTIVATED.

INITIAL **X** _____



*Print and Mail to: TCCU, 1511 Cravens Ave., Torrance, CA 90501 - or FAX TO: 310-618-6824