



Request for ATM/Visa® Check Card

A. Please fill in your information below.

Name:

Address*:

**If the address listed differs from your address on file with us or if you have updated your address within the last 30 days, please attach a current utility bill or government-issued ID reflecting the new address or your card may be subject to a delay.*

B. Please fill in details about your account.

Account Number:

Account Type: (select one)

☐ Checking

☐ Savings

Additional Cardholder Name:

Reason: (select one)

☐ First Card

☐ Lost (location unknown)

☐ Stolen/ Compromised

☐ Damaged

C. Acknowledgement

Signature

Date

Printed Name

Complete and send the form to:

Secure Message: Log onto Online Banking, click Support, under the Contact Us section click Secure Forms to upload your document.

Email: customerservice@axosbank.com

Mail: Deposit Operations
Attn: Electronic Banking
P.O. Box 911039
San Diego, CA 92191-1039

Questions? Should you have any questions, please call us at (888) 502-2967.