



ATM CARD APPLICATION

New ATM Card

Replacement ATM Card

Name

Address

City, State, Zip

Driver's License #

State Issued

Home Phone #

Work Phone #

UYFCU Account #

Cellular Phone #

Joint Name (if applicable)

Joint Driver's License # (if applicable)

State Issued

Please issue _____ (quantity) ATM card(s). I understand that any ATM card issued as a result of this application is property of Union Yes Federal Credit Union and can be revoked for cause without liability or notice.

Member's Signature

Date

Joint Owner's Signature

Date

All cardholders must be account owners either primary or joint. All applications are subject to approval.

Instructions: Please print this application and return completed in person, by fax (714-978-0965), or by mail. If you do not receive your ATM card(s) within two weeks after you submit this application, contact UYFCU immediately.

Please see Statement of Fees and Truth in Savings for additional information.

Office Use Only

ChexSystem Verification

Date Issued

Issued By

Approved By: