



# VISA Debit Card Application

New VISA Debit Card    Replacement VISA Debit Card

Note: A UYFCU checking account is required.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Work Phone #

\_\_\_\_\_  
UYFCU Account #

\_\_\_\_\_  
Joint Name (if applicable)

Please issue \_\_\_\_\_ (quantity) VISA Debit card (s). By using the VISA Debit card, I/we agree to be bound by the applicable terms and conditions contained in the Electronic Services Disclosure and Agreement and all other agreements governing my savings account, checking account and any overdraft protection agreements that access a line of credit. I understand that any VISA Debit card issued as a result of this application is the 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 Visa Debit card within two weeks after you submit this application, contact UYFCU immediately.

Please refer to the Statement of Fees and Truth-in-Savings disclosure for additional information.

**Office Use Only**

ChexSystems Verification \_\_\_\_\_ Date Issued \_\_\_\_\_

Issued By \_\_\_\_\_ Approved By \_\_\_\_\_