



## ATM Card Application

- New ATM Card
- Replacement ATM Card

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

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

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

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Driver's License

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

Please issue \_\_\_\_\_ (quantity) ATM card (s). I understand that any ATM 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. By using the ATM 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.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner's Signature

\_\_\_\_\_  
Date

All cardholders must be account owners either primary or joint. All applications are subject to ChexSystems (a consumer reporting agency), approval and credit union 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 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**

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

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