



# ATM CARD REQUEST

MEMBER NAME \_\_\_\_\_

JOINT ACCOUNT MEMBER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

ACCOUNT NUMBER TO ACCESS WITH THIS CARD: \_\_\_\_\_ Savings Suffix \_\_\_\_\_

By signing below, I acknowledge that the above information is correct. I also acknowledge that by signing, using or permitting another to use the card(s) that I will be bound by the terms and conditions of the Financial Transaction Card Cardholder Agreement and all its amendments if applicable.

MEMBER SIGNATURE  \_\_\_\_\_ DATE \_\_\_\_\_

JOINT MEMBER SIGNATURE  \_\_\_\_\_ DATE \_\_\_\_\_

**If requesting by mail, complete, sign and return to: Universal 1 Credit Union, Inc., Attn: Account Services  
P.O. Box 467, Dayton, Ohio 45409 • 937/225-6800 • 800/762-9555**

**For Credit Union Use Only:**

**Main Owner New Card #** \_\_\_\_\_

**Approved by:** \_\_\_\_\_

**Joint Owner New Card #** \_\_\_\_\_