



DEBIT CARD REQUEST

MEMBER NAME _____

JOINT ACCOUNT MEMBER NAME _____

ADDRESS _____

HOME PHONE _____

WORK PHONE _____

ACCOUNT NUMBER TO ACCESS WITH THIS CARD _____

SUFFIXES TO ACCESS WITH THIS CARD (MAXIMUM 3):

Savings Suffix Checking Suffix

LOC Suffix HELOC Suffix Money Market Suffix

**Money Market Account access
requires a separate card**

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 the Visa Debit Card Agreement and Disclosure Statement and all its amendments if applicable.

MEMBER SIGNATURE **X** _____ DATE _____

JOINT MEMBER SIGNATURE **X** _____ 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**

<u>For Credit Union Use Only:</u>	Main Owner New Card # _____
Approved by: _____	Joint Owner New Card # _____



February 2017