



Debit Card Application

Please complete all applicable fields. If you have any questions contact a Representative at 503-283-5193.

MEMBER NUMBER:	
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1. Membership Information

PRIMARY OWNER NAME <input type="checkbox"/> Order a card
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STREET ADDRESS (REQUIRED)	CITY	STATE	ZIP CODE
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MAILING ADDRESS IF DIFFERENT FROM ABOVE	CITY	STATE	ZIP CODE
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HOME PHONE	CELL PHONE
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2. Joint Owner Information

JOINT OWNER NAME <input type="checkbox"/> Order a card
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MAILING ADDRESS IF DIFFERENT FROM PRIMARY OWNER	CITY	STATE	ZIP CODE
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3. Authorization

By signing below, I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the services requested herein. I/We agree to the terms and conditions of the Electronic Funds Transfer agreement, Overdraft Protection Plans and VISA Debit Card Agreement.

PRIMARY OWNER SIGNATURE	DATE
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JOINT OWNER #1 SIGNATURE	DATE
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This section to be completed by UANWFCU	MEMBERSHIP #	DATE	EMP ID #	
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