



UNILEVER FEDERAL CREDIT UNION

ATM/Visa®Debit Card APPLICATION KIT

Instructions:

1. ATM/VISA®Debit Card Check Card Application, complete information and sign.
2. ATM/VISA®Debit Card style, select your card.
3. Direct Deposit/Payroll Deduction form is attached.
For net pay, use section A - Direct Deposit.
For a deduction to savings account or any other account (Holiday Club, etc.), use section B – Payroll Deduction. Be sure to indicate amount PER PAY PERIOD that you want deducted.

Important Information

Be sure you have completed the Membership and Checking Account Application before applying for an ATM/Visa®Debit Card.

DO NOT CLOSE your existing checking account until you have received your new checks and card; and your payroll deductions have been redirected to your UFCU account.

**RETURN ALL COMPLETED FORMS TO:
Unilever FCU (mail code A-71)
800 Sylvan Avenue
Englewood Cliffs, NJ 07632**

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

US PATRIOT ACT

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

WHAT THIS MEANS TO YOU

When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Unilever Federal Credit Union ATM/Visa®Debit Card Application

Please print this form, fill it out and mail back to:
UFCU, 800 Sylvan Ave, Englewood Cliffs, NJ 07632 (Do not fax).
No deposit is required when you register for Direct Deposit/Payroll Deduction
or \$50.00 deposit without Direct Deposit/Payroll Deduction.

[Close this Page](#)

If you are not yet a member, please submit a Membership Application.
Our ATM/Visa®Debit Card is linked to our checking account, therefore you will need to submit a Checking Account Application to be able to order an ATM/Visa®Debit Card.

General Information	
Will there be a co-applicant on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this your first card or a reissue card? <input type="checkbox"/> New <input type="checkbox"/> Reissue	
Reason for reissue: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Other	
Primary Applicant:	
Member Number:	Checking Account Number:
<i>How your name should appear on card</i>	
Last Name:	Middle Name:
First Name:	Social Security Number (TIN):
Date of Birth:	Home Phone Number:
Work Phone Number:	Other Phone Number:
Email Address:	Drivers License #:
Drivers License State:	Mother's Maiden Name:
Present Employer Name:	
<i>Home Address</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Co-Applicant:	
Last Name:	Member Number
First Name:	Middle Name:
Social Security Number (TIN):	Date of Birth:
Home Phone Number:	Work Phone Number:
Other Phone Number:	Email Address:
Drivers License #:	Drivers License State:
Mother's Maiden Name:	Present Employer Name:
<i>Home Address</i>	
Address 1:	
Address 2:	

City:	State, Zip:
Additional Information	
How would you prefer to be contacted? (List according to your preference for example: cell, home, etc)	
1st Choice:	
2nd Choice:	
3rd Choice:	
Special Instructions/Comments:	
Signatures	
Primary Applicant Signature:	Date:
Co-Applicant Signature:	Date:

Please circle your selection

PERSONIXSM

800 842-4712
www.personix.com



002 GREEN & GOLD MARBLE Y



003 TRANQUILITY



004 FLAG



005 GENTRY



006 CORONET † ★ Y



007 FISH



008 ANTIQUE



009 BEIGE MARBLE Y



010 CURRENCY



011 MONEY & GEARS



012 MEDALLION



013 COUNTRYSIDE



014 GREY & WHITE MARBLE



015 STATUE OF LIBERTY



016 LIGHTHOUSE Y



017 MARINER



018 WAVES



019 COINS & CASH Y



020 MOUNTAINS Y



021 FRESCO Y



022 \$20 BILLS Y



023 BLUE MARBLE Y



024 ESTATE



025 BARN



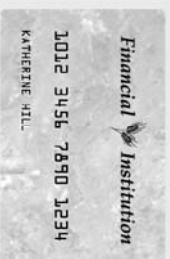
026 FLEUR-DE-LIS † ★ Y



027 GREAT FORESTS



028 EARTH GLOBES



029 GREY MARBLE



030 SHORELINE



031 EGGPLANT MARBLE



032 RADIANCE



033 AURORA Y



034 AZURE



035 PORTICO Y



036 NEPTUNE

KEY:

- † Available as a Gold Card
- ★ Available as a Platinum Card
- Y Available as a Photo Card
- All cards available in ATM, Credit or Debit.



Authorization Agreement - Please complete either section A or B; and C

Section A DIRECT DEPOSIT

I hereby authorize my Payroll Department and Unilever Federal Credit Union to deposit/change/cancel amounts automatically deposited to my account each pay period. This authorization will remain in effect until further notice. I also authorize the return of any funds that I am not entitled to.

Employee Name: Social Security Number:
Work Location: Home Phone:
Name of Institution: Unilever Federal Credit Union Routing Transit Number: 221275711
Account Number:

ACCOUNT TYPE ACTION AMOUNT
(Check One) (Check One) (Check One)
Checking Savings New Change Cancel
Increase To: Decrease To:
New Total \$
Percent (%) of Net Pay
(See distribution below)

For checking, please attach a voided check (not a deposit slip)

Section B PAYROLL DEDUCTION

I hereby authorize my employer to deduct/change/cancel \$ from my salary to my account (see distribution below). This authorization will remain in effect until further notice.

ACTION New Change Cancel

Employee Name: Social Security Number:
Account Number:

Section C DISTRIBUTION OF FUNDS

Savings Checking
Holiday Club Other
Loans (Amounts determined by Credit Union) New Total

SIGNATURE

I have read and agree to the above requirements for authorizing Direct Deposit and /or Payroll Deduction

Print
Signature Date

Due to timing differences, a delay in requested changes may occur or a check may be received after this form was submitted.

Please return the completed form to: UFCU, 800 Sylvan Ave, Englewood Cliffs, NJ 07632