

Yes, I want an ASFCU Visa Debit Card

And one for my joint owner(s) **I'd like to choose my own PIN**

Please provide a daytime telephone number. A representative will call you with instructions on how to choose your own PIN by touch-tone telephone.

Daytime Phone Number: ()



Please provide the following information:

Member Name	<input type="text"/>
Account Number	<input type="text"/>
Joint Owner(s) (if applicable)	<input type="text"/>

I understand that by signing below I am requesting ASFCU issue me (and my joint owner(s), if applicable) a Visa Debit Card. I will receive the terms and conditions of the Visa Debit Card in the Electronic Services Disclosure that will accompany my new card(s). My use of the card will indicate acceptance of those terms and conditions. I further understand my current Take One ATM card will expire 30 days after my Visa Debit Card is ordered and will no longer be active.

Security Interest (Statutory Lien)

By requesting and receiving, signing, and using, or permitting others to use a Visa Debit Card issued to me by AFTRA-SAG FCU, I agree to the terms of the AFTRA-SAG Federal Credit Union Electronic Services Disclosure. I further acknowledge and agree that the disclosure contains the following provision: I hereby pledge all paid shares (including share savings, share draft and share certificates) and payment on shares, which I now have or hereafter may have in this credit union as security for loans, interest, deficiency balances, late charges cost or expenses. In the event of default in payment, I hereby authorize the credit union to apply said shares to the payment of said loans, interest, deficiency balances late charges or expenses. AFTRA and SAG Members: a security interest in residuals will be required.

This means that if I am in default under the terms of the loan program, the credit union may exercise their rights as a secured party to apply any funds I have on deposit with the credit union to satisfy my indebtedness. The credit union may also apply any future residuals I may earn through AFTRA or SAG to cure any default.

NOTICE: THIS ACKNOWLEDGEMENT MUST BE SIGNED BY YOU AND ANY JOINT OWNER(S) AND RETURNED TO THE CREDIT UNION.

Member Signature	<input checked="" type="checkbox"/>
Joint Owner's Signature (if applicable)	<input checked="" type="checkbox"/>
Joint Owner's Signature (if applicable)	<input checked="" type="checkbox"/>