



United Nations Federal Credit Union
 Court Square Place, 24-01 44th Road
 Long Island City, NY 11101-4605
 T: +1 347-686-6000 | F: +1 347-686-6413
 cardserv@unfcu.com | www.unfcu.org

Request for Additional UNFCU Visa® Credit Card(s)

Additional Visa credit cardholders must be at least 18 years of age.

 Member name (First Middle Last)

 Member number

Name(s) and signature(s) of cardholders (maximum of 3). Please list the member number of individual(s) who have accounts with UNFCU. If the individual(s) does not have an account with UNFCU, please send a government-issued identification.

 Name (First Middle Last)

 Birth date (DD Mon YYYY)

 Member number

x _____
 Signature

 Date (DD Mon YYYY)

 Name (First Middle Last)

 Birth date (DD Mon YYYY)

 Member number

x _____
 Signature

 Date (DD Mon YYYY)

 Name (First Middle Last)

 Birth date (DD Mon YYYY)

 Member number

x _____
 Signature

 Date (DD Mon YYYY)

Delivery location: (All cards must be mailed to the same address)

- Address on file Alternate address*

Delivery method:

- Regular mail Express/Courier mail** (No PO box or UN pouch; fees will apply)

* Please contact us at +1 347-686-6000 to verify your identity and address. We need this verification before we can send a card or PIN to an alternate address.

** A signer must be available to accept delivery. To protect your account, PINs are mailed separately and incur additional express/courier mail fees. By choosing the express/courier mail option you hereby authorize UNFCU to debit your checking account or, if you do not have one, your savings account for any express/courier mail fees.

I have requested the additional UNFCU Visa credit cards for the individuals indicated above. I understand that I am fully responsible for their use and will honor all terms and conditions of my 'UNFCU Visa credit card agreement' with the United Nations Federal Credit Union. I am aware that the present card(s) for myself and any current additional cardholders will be replaced and that I agree to destroy the current cards upon receipt of the new cards.

x _____
 Member signature

 Date (DD Mon YYYY)