

**NORTH STAR CREDIT UNION
ATM/DEBIT CARD APPLICATION**

Applicant Information

NAME: _____
SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____
MAILING ADDRESS: _____
CITY/STATE/ZIP CODE: _____
PHONE NUMBER: _____ SHARE/DRAFT NUMBER: _____

Co-Applicant Information

NAME: _____
SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____
MAILING ADDRESS: _____
CITY/STATE/ZIP CODE: _____
PHONE NUMBER: _____ SHARE/DRAFT NUMBER: _____

THE INFORMATION PROVIDED ABOVE IS GIVEN SO THAT THE UNDESIGNED MEMBER MAY OBTAIN A NORTH STAR CREDIT UNION DEBIT CARD:

I/WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND AUTHORIZE THE CREDIT UNION TO VERIFY IT, OBTAIN MORE INFORMATION ABOUT MY/OUR CREDIT AND DEPOSIT HISTORY, AND FURNISH SUCH INFORMATION TO OTHERS. I/WE UNDERSTAND AND AGREE THAT ANYONE IN THE POSSESSION OF MY/OUR DEBIT CARD MAY ACCESS MY/OUR ACCOUNT THROUGH USE OF THE DEBIT CARD ACCORDING TO THE RULES IN THE ACCOUNT DISCLOSURE PROVIDED BY THE NORTH STAR CREDIT UNION.

APPLICANTS SIGNATURE: _____ DATE: _____

CO-APPLICANTS SIGNATURE: _____ DATE: _____

GUARANTORS SIGNATURE: _____ DATE: _____

I HERBY GAURENTEE ACCOUNT FOR: _____