

# STAR ATM/Debit Card Application

# HEALTHCARE EMPLOYEES FEDERAL CREDIT UNION

(debit card applies to checking account only)

Name

Street Address

Apartment No./P.O. Box No.

City, State, Zip Code

Day Telephone

Evening Telephone

## IMPORTANT:

You will receive the disclosure with your card. Read this disclosure before activating your card. Remember to sign your application.

RECORD YOUR PIN HERE

No Q or Z please.  
Please select all letters or all numbers.  
Do not combine letters and numbers.

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SIGNATURE REQUIRED I agree to the terms and conditions of the STAR Card and the disclosure statement before activating my card.

X

Applicants Signature

Date

*All accounts verified through Chex Systems*

ACCOUNT NUMBER

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**TO BE COMPLETED  
BY CREDIT UNION**

FOR OFFICE USE ONLY

D/V