



# ATM/Debit Card Application

I am/We are applying for (please check one)

**Interra Debit Card**  
(If you do not qualify, and do not already have an ATM card, we will process your application for a STAR® ATM card.)

**A STAR® ATM card**

**Application Approval** – Please allow 7-10 business days for card to be delivered to the address specified.

Submit application to Interra by any of the following methods:

**Deliver:** Any Interra office  
**Fax:** 574.975.3221  
**Mail:** Interra Credit Union  
Attn: ATM/Debit  
PO Box 727  
Goshen, IN 46527-0727

I/we certify that all information below is true and complete. I/we authorize you to obtain information from any source(s) to which you may apply relative to this Application - each source being authorized to provide you with such information.

Please print – complete in full; omissions may be grounds for denial.

## MEMBER

Member Account Number \_\_\_\_\_

Name \_\_\_\_\_  
(Name on the card cannot exceed 19 characters)

Business Name (if applicable) \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Select Password Option (Choose 1)

\_\_\_\_ What is the name of your favorite pet? Answer: \_\_\_\_\_  
\_\_\_\_ What was your first car? Answer: \_\_\_\_\_  
\_\_\_\_ What is your father's middle name? Answer: \_\_\_\_\_  
\_\_\_\_ What grade school did you attend? Answer: \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

## JOINT OWNER (If you want a second card)

Name \_\_\_\_\_  
(Name on the card cannot exceed 19 characters)

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Select Password Option (Choose 1)

\_\_\_\_ What is the name of your favorite pet? Answer: \_\_\_\_\_  
\_\_\_\_ What was your first car? Answer: \_\_\_\_\_  
\_\_\_\_ What is your father's middle name? Answer: \_\_\_\_\_  
\_\_\_\_ What grade school did you attend? Answer: \_\_\_\_\_

Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

ACCOUNT INFORMATION			
Account Type	Account Number	Account Type	Account Number
Savings		Savings	
Checking		Other Account	
Other Account		Other Account	

### NOTE:

The security of your card is your responsibility. Do not share your PIN or PASSWORD with anyone or keep it with your card. If your card is lost or stolen, report it immediately by calling 800.523.4175 any time or by contacting Interra at 574.534.2506 or 888.432.2848.