



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.