

STAR CARD APPLICATION



G.A.P. FEDERAL CREDIT UNION
 111 Franklin Street, Room 224
 Johnstown, PA 15901-1876
 (814)535-4165 (800)228-9180 (814)535-2175

For office use. Do not detach.
IMPORTANT

Read Cardholder Agreement and remember to sign your application.

RECORD YOUR PIN HERE

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Do not use Q or Z please.

Please select all letters or all numbers.

STAR/ATM/DEBIT

Applicant

Last Name:	First Name:	Middle Initial:
Address:		
City:	State:	Zip Code:
Phone: Day ()	Evening ()	Cell ()
EMAIL:		# of Cards _____

Second Applicant

Last Name:	First Name:	Middle Initial:
Special Instructions:		<input type="checkbox"/> Pull Card

Account Information

Qualifier	Account Number	Other

OVERALL DEBIT: \$1000.00 WITHDRAWAL: \$500.00 POS: \$1000.00	OVERALL CREDIT: \$1000.00 WITHDRAWAL: \$500.00 POS: \$1000.00
Default Account <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Enter Type of Account you designate as the default (e.g. 101, 102, 103)

I/we hereby acknowledge that I/we have received a copy of your STAR CARD Cardholder Agreement and that I/we have read, understand, and agree to be legally bound by the terms and conditions of such Agreement. I/we also acknowledge receipt of the disclosure statement informing me/us of my/our rights under the Electronic Fund Transfer Act.

Applicant: _____ Date Signed: _____ Applicant: _____ Date Signed: _____

Participant Representative: _____	Date Signed: _____
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