STAR CARD INSTANT APPLICATION

Card Number: | | | | | | | | | | | | | | | | |

Last Name:	First Name:	Initial:

Address Line 1:

Address Line 2:	City:	State:	ZIP Code:

Phone: Day ( ) Evening ( )

By signing below, I acknowledge that the information is correct. I also acknowledge that I have received the Cardholder Agreement and accept the terms and conditions therein. I hereby give authorization to activate my card.

X _____
Authorized Signature of Depositor and Cardholder (Only One Signature Per Card)

_____
Received By Office Date

_____
Approved By Office Date

Qualifier	Account Number	Description (Max. Characters = 20)

For Internal Use:	Date Received:	Name:
For Internal Use:	Date Effective:	Name: