



Fax #s 913-367-3297 Atchison  
913-682-0833 Leavenworth  
913-682-3301 Military

**NEW CARD & NUMBER**

**CHECK CARD APPLICATION**

1. Cardholder Name:

Mailing Address:

CITY

STATE

ZIP

Phone No. 1  2:

SSN #:  DOB:

Signature: \_\_\_\_\_

Checking Account  Savings Account

\*\*\*\*\* FOR BANK USE ONLY \*\*\*\*\*

Approval Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Card Number: LV 460648- \_\_\_\_\_ -  
AT 467265- \_\_\_\_\_ -  
MIL 467265- 7 \_\_\_\_\_ -

Reg E Form:  Given  Mailed

STAR Plastics Ordered -	Date _____	Initials _____
STAR Accounts Added -	Date _____	Initials _____
STAR Maintenance Report -	Date _____	Initials _____
Jack Henry Fields #57	Date _____	Initials _____