



**ATM/Instant Cash and Check Card
APPLICATION**

I'd like to apply for the following card(s):

ATM Card

Instant Cash and Check Card

APPLICANT

Account Number(s):	
Name:	
Address:	
City:	
State:	
Zip:	
Home Phone Number:	
Social Security #:	
Date of Birth:	
Employer:	

CO-APPLICANT

Account Number(s):	
Name:	
Address:	
City:	
State:	
Zip:	
Home Phone Number:	
Social Security #:	
Date of Birth:	
Employer:	

Signatures: By signing below, the undersigned request(s) the described services and agree to the terms and conditions governing the services, including any fees and charges. The undersigned agree(s) that all information is accurate and authorizes the financial institution to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency.

Applicant's Signature:	
Date:	
Co-Applicants Signature:	
Date:	

Mail or Deliver to:

Med Park Credit Union
1200 South Columbia Road
Grand Forks, ND 58201

Official Use Only

Date Received:	
Approved (Y/N):	
Processed By:	