

**NORTH STAR COMMUNITY CREDIT UNION  
BILL PAY ENROLLMENT FORM**

**Email Address** \_\_\_\_\_

**Primary Owner:First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Joint Owner: First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone Number** \_\_\_\_\_

**Check One: Checking** \_\_\_\_ **Savings** \_\_\_\_

Print this page, sign and send it to:  
North Star Community, PO Box 10, Maddock, ND 58348