



ATM & Check Card Authorized User Form

I, _____ hereby authorize

Name SS # Address Date of Birth

to be able to access my Hanscom FCU checking and savings accounts through the issuance of an ATM & Check Card for my member number listed below. I understand that I will be solely responsible for all deposits and withdrawals made with the card by this authorized user.

** Please be advised that if your address was changed within the past 30 days, additional verification of this request must be performed.

Member Number: _____

Primary Member Name: _____

Primary Member Address: _____

City, State, ZIP: _____

Daytime Telephone Number: _____

**By signing, using, or permitting another to use my/our ATM & Check Card, I/we agree to be bound to the terms and conditions of the Electronic Funds Transfer and Cardholder Agreement and all amendments.

Member Signature Date

Authorized User Signature Date

** Important – please complete below:

- ** Card ordered will be for Authorized User only.
** Will Authorized User card be mailed to Primary Member address? Please circle: Yes or No
** Will Authorized User card be mailed to Authorized User address? Please circle: Yes or No
** If card is to be mailed to Authorized User address above, please have Member sign below:

Member Signature (sign if card is mailed to Authorized User): _____

Your card(s) will be ordered with a random PIN (personal identification number). You will receive a PIN mailer with instructions on how to select a new PIN. A few days after your pin, your card will arrive.

For Office Use Only
Staff mbr processing form/Name/Teller #
Add Chg within past 30 D Yes No Verified
OFAC Verified by Date Verified