



25 Porter Road, Suite 100
Littleton, MA 01460
www.hfcu.org | 800.656.4328

AUTHORIZED USER CREDIT CARD APPLICATION

Name: _____ Member Number: _____

Daytime Phone: _____ Email Address: _____

THINGS YOU SHOULD KNOW ABOUT ADDING AN AUTHORIZED USER TO YOUR ACCOUNT

1. The Primary Cardholder, (you) will be liable for all account transactions.
2. Your Authorized user will not have financial responsibility for the account.
3. For the Authorized User, this account will be reported to the Credit Reporting Agencies as an Authorized User's account. This could potentially impact the Authorized User's credit Score.
4. All correspondence including statements and notifications will be sent to the address listed on the Primary Membership.

AUTHORIZED USER INFORMATION

Name: _____ Social Security Number: _____

Address: _____ Date of Birth: _____

Please indicate where card should be mailed:

Your card(s) will be ordered with a random personal identification number (PIN). You will receive instructions to select a new PIN in the mail, and your card will arrive within a few days after your PIN.

By signing, using, or permitting another to use my/our Credit Card, I/we agree to be bound to the terms and conditions of the Electronic Funds Transfer and Cardholder Agreement and all amendments. I understand that if my address has changed within the past 30 days, additional verification of this request must be performed.

Signature: _____ Date: _____

Please bring this completed form to a [local branch](#); or

Mail to Hanscom Federal Credit Union
Card Services Department
25 Porter Road, Suite 100
Littleton, MA 01460-1434; or

Fax to Card Services at 978.952.8533

Completed by Member Service Representative

Card Order Details <input type="checkbox"/> Instant Issue
Date _____ Teller/Operator # _____
Employee Name: _____
Has there been an address change within 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
Verified by _____ (Initials) Chexsystem #: _____