



Credit Card Authorized User Form

I, \_\_\_\_\_, hereby authorize

Name SS # Address Date of Birth

to be able to access my Hanscom FCU credit card account through the issuance of a credit card for my member number listed below. I understand that I will be solely responsible for all transactions 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: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

\*\*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 Credit Card 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, you will receive your new card.

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