



# Credit Card

## Add Authorized User Request Form

|   |   |             |
|---|---|-------------|
| <b>SECTION A – Primary Card Member</b>            |   |             |
| <b>Name:</b>                                      | <b>Credit Card Account Number(16 Digits):</b> |             |
| <b>Street Address Line 1:</b>                     |   |             |
| <b>Street Address Line 2:</b>                     |   |             |
| <b>City:</b>                                      | <b>State:</b>                                 | <b>Zip:</b> |
| <b>Primary Card Member Signature:</b><br><b>X</b> |   |             |
| <b>SECTION B – Authorized User</b>                |   |             |
| <b>Authorized User Name:</b>                      |   |             |
| <b>Date Of Birth:</b>                             |   |             |
| <b>Social Security Number:</b>                    |   |             |
| <b>City:</b>                                      | <b>State:</b>                                 | <b>Zip:</b> |
| <b>Authorized User Signature:</b><br><b>X</b>     |   |             |

Others Using Your Account: If you allow a Person (including but not limited to an Authorized User) to use your Card, Account Number, or Convenience Checks, you understand and agree that you are obligated to pay for all Transactions initiated by such Person as well as all Fees associated with those Transactions, whether or not you notify us that they are authorized to use your Card, Account Number, or Convenience Checks. You may terminate a Person's right to use your Card, Account Number, or Convenience Checks by taking the following actions: (a) Recover possession of the Card and any Convenience Checks in such Person's possession; and (b) Notify us in writing that such Person's authority to use the Card, Account Number, and Convenience Checks is terminated, at which time such Person will be a "Terminated User".

**Mail the Form to:**

**Bethpage Federal Credit Union, PO Box 127, Bethpage, NY 11714-9987 Attention: Credit Card Operations or you may fax the form to 516-871-8110**