



Authorized Card User

Purpose. This form collects the information necessary to authorize an additional user for your Spokane Teachers Credit Union Visa credit card(s) or CheckCard(s). Please complete a separate form for EACH user you'd like to authorize. Account owners agree to accept full responsibility for all transactions performed by all authorized users .

Member Information

Member Name	Member Number
Account Type	<input type="checkbox"/> Personal account <input type="checkbox"/> Business account

Supply your name, member number, account type (e.g. "S5" for standard checking, L30 for Visa Classic), and whether the account is for personal or business purposes.

Authorized User to be Added

Name of User to be Authorized	
Address	
City, State, Zip	
Relationship to owner	Phone
Soc. Sec. #	Date of Birth
Signature X	Date

Identify the name, address, and personal information of the person to be added as an authorized user.

The authorized user must sign and date here in the presence of an STCU employee or provide a copy of their picture identification. This signature certifies the user's receipt of the applicable legal disclosures (Visa credit card, Visa CheckCard, or Business CheckCard) that spell out his/her rights and responsibilities with respect to card usage.

Authorization by Original Owner(s) (indicate the option that applies)

<input type="checkbox"/> <u>Credit Card authorization.</u> I authorize the above-named person to be added as an authorized user on my Visa credit card account at STCU. I and any other co-borrowers, take full responsibility for any and all transactions incurred by this authorized user and understand that he/she is not responsible for the repayment of this account. STCU should accept any and all transactions made by this authorized user until further written notice by any borrowers on this account to cancel this authorization, or until such time STCU deems it necessary to cancel this account.	
<input type="checkbox"/> <u>CheckCard authorization.</u> I authorize the above-named person to have a CheckCard in his/her/business name. As primary or joint owner on the account, I take full responsibility, along with other account owners, for any and all transactions incurred by this authorized user. STCU should accept any and all transactions made by this authorized user until further written notice by any joint owners on the account.	
Print Name	Date
Signature X	

Check the box that applies (top for authorization to use your Visa credit card, bottom for authorization to use your STCU CheckCard).

The owner or joint owner / co-borrower must sign and date here.

For Financial Institution Use Only

Employee Name	Operator Number
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