



BANK-FUND STAFF FEDERAL CREDIT UNION

Additional Cardholder Request Form

Member No.: _____ E-mail: _____

Social Security No.: _____

Home Phone No.: _____ Cell Phone No.: _____

**** Please PRINT all information, except signature(s) ****

Cardholder's Name (first/middle/last)	Credit Card Number(last 4 digits)
Present Mailing Address (street address, city, state, country, postal code)	
<input type="checkbox"/> **Please Check if this is a New address	

Additional Cardholder's Name (first/middle/last)	Date of Birth
Additional Cardholder's Signature	Social Security No.

By signing below, I attest that I am currently a holder of a Bank-Fund Staff Federal Credit Union credit card, and request that an additional card be issued on my account to the individual listed above. I understand that the additional card will be subject to the terms of the CREDIT CARD AGREEMENT AND DISCLOSURE, and I accept full liability for all charges to (and cash advances from) any card (including additional cards) issued on my BFSFCU Visa Platinum, Visa Platinum Travel Rewards, or MasterCard Gold account. I have asked the Additional Cardholder to provide you with his/her signature for identification purposes.

Cardholder's Signature	Date