

Additional Cardholder Request

CURRENT MEMBER/CARDHOLDER INFORMATION		
Name (First, Middle, Last)		
Member Number	Phone Number	Credit Card Number (last 4 digits)
Mailing Street Address		
City, State, Zip Code		

ADDITIONAL CARDHOLDER INFORMATION	
Name (First, Middle, Last)	Date of Birth
Additional Cardholder Signature	Social Security Number
Additional Cardholder Member Number	Note: If additional cardholder is not a BFSFCU member, include a copy of an unexpired government identification, driver's license, or passport for the additional cardholder.

By signing below, I attest that I am currently the cardholder of a Bank-Fund Staff Federal Credit Union® (BFSFCU) 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 credit card account.

Current Member/Cardholder Signature

Date