



Additional Cardholder Request Form

Cardholder's Name (first/middle/last)	Credit Card Number(s)
Primary Mailing Address (Street, City, State, Postal Code, Country)	

Member No: _____ Email: _____

Home Phone No: _____ Work Phone No: _____

Social Security No: _____ Mother's Maiden Name: _____

Type of Card

Classic

- Visa
- MasterCard

Gold

- Visa
- MasterCard

Platinum

- Visa
- Visa Member Rewards
- Visa Cash Rewards

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 Member Rewards, Visa Platinum Cash Rewards, Visa Classic, Visa Secured, Visa Gold, Classic MasterCard, or MasterCard Gold account. I have asked the Additional Cardholder to provide you with his/her signature for identification purposes.

Cardholder's Signature	Date
------------------------	------

12/2011