



## Authorized card user

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

Card type			
<input type="checkbox"/> Personal account (debit and credit cards)		<input type="checkbox"/> Business account (debit cards)	
<input type="checkbox"/> Health Savings Account (debit cards)			
Member information			
Primary name			
* Member #		* Account # (10 digits)	
LEAVE FIELD BLANK FOR CREDIT CARDS.			
Authorized user information			
Name		Relationship to owner	Phone
Social security number	Date of birth	Identification (Minor: Document if available)	
Address: street, city, state & zip			
Debit card			
<input type="checkbox"/> I authorize the above-named person to have a debit card in their 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 owners on the account.			
For business debit cards - List a daily limit under \$5,000: _____ If no amount is listed, this will default to \$5,000.			
Credit card – Must be at least 18 years of age.			
<input type="checkbox"/> I authorize the above-named person to have a credit card in their 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 owners on the account.			
Signature of account owner			
Print name		Signature	Date
		X	

Fax to: (509) 344-2181 or mail to: STCU, PO BOX 1954, Spokane, WA 99210-1954

STCU use only			
Debit card		Credit card	
<input type="checkbox"/> New Debit Card web form completed		<input type="checkbox"/> Card Replacement web form completed	
<input type="checkbox"/> Instant Issue			
eSign	Doc reviewed:	DA # (if applicable):	Doc completed:
Branch	Employee:	OP #:	Date:

\*A Bar Code Sheet is required if the member number and account number are not typed.

stcu.org 011325 / 7 yrs.

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