



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.

Member information			
Primary name		<input type="checkbox"/> Personal account (debit and credit cards) <input type="checkbox"/> Business account (debit cards)	
* Member #	* Account #	(10 digits)	
LEAVE FIELD BLANK FOR CREDIT CARDS.			
Authorized user information			
Name		Relationship to owner	
Address: street		Phone	Date of birth
Address: city, state & zip		Social security number	
ID	(Minor: Document if available)	Signature	Date
		X	
Debit card – Must be at least 12 years of age.			
<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.			
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"/> Instant Issue	
		<input type="checkbox"/> Card Replacement web form completed	
eSign	Doc reviewed:	Application ID:	Doc completed:
	Employee:	OP #:	Date:
Branch		Branch:	

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

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