 **AUTHORIZED USER FORM**

CREDIT CARD #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_

MEMBER NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIMARY SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adding an authorized user is a perfect way to share the benefits of your Suncoast Credit Union (“Credit Union”) issued credit card. Authorized users have full use of and access to your Credit Union credit card account (the “Account”). However, they do not have the authority to add or delete cardholders, request replacement cards, or terminate / modify the existing account agreement.

To process your request to add an authorized user, please provide the information requested below and return this form and copies of both parties’ drivers licenses to us by:

**Cardholder Information**

I represent that I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the named Cardholder/Account holder and authorize Suncoast Credit Union to add the below- listed person as an authorized user on the Account referenced above. I understand and agree that I am hereby authorizing and will be responsible for all advances of any sort made by my authorized user(s) regardless of the age of such user(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Cardholder Date

 Mail: PO Box 11904, Tampa, FL

Fax: 813-635-8996

**Authorized User**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name (print) Social Security # Date of Birth Driver’s License #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Cardholder Date

Note:

* NO Authorized User cards are allowed on Secured, Starter or Student Visas.
* **By signing above, Cardholder and Authorized User understand and agree the Account may be reported to consumer reporting agencies for any Cardholder and any Authorized User (including but not limited to late payments or any delinquency) provided there shall be no reporting for Authorized Users while they are under 18 years of age**.
* Each Authorized User is individually authorized to make any and all transactions or inquiries of any sort, including, but not limited to, transfers, cash advances and purchases, on or related to the Account as such Authorized User deems advisable from time to time, but subject to the terms of the Account and any restrictions imposed by Credit Union, including, without limitation, the credit limits set forth above.
* Cardholder understands and agrees that credit limits for Cardholder(s) and Authorized Users are subject to the aggregate credit limit for the Account established by Credit Union from time to time in Credit Union’s sole discretion. Credit Union may reduce, suspend or terminate the credit limit of any Authorized User or the Account aggregate credit limit at any time in Credit Union’s sole discretion.
* Credit Union shall have no duty to inquire as to the purpose or propriety of any inquiry, transaction, purchase, cash advance, transfer or any other action taken by any Cardholder or Authorized User on or related to the Account pursuant to this Authorized User Form. All inquiries, transactions, purchases, cash advances, transfers and all other actions of any Cardholder or Authorized User shall be binding upon Cardholder and the Account.

**Removal/Closure**

* Please remove the above-named Authorized user from my Account.

For security reasons, I understand the existing Account will be closed, and a new card number/Account number will generated.

Please allow 5-7 business days for the new credit card to arrive by mail.

The Credit Union may take up to 10 Credit Union business days to process this Removal. During the processing period, any transactions by Authorized User shall continue to be authorized by the Cardholder and for the Account.