



Credit Card Authorized User Form

I/We hereby authorize Hawaii State Federal Credit Union to issue a credit card(s) to the person(s) identified below as an additional authorized user(s) of my/our Signature Cash Rewards, Platinum Rewards, or Platinum Rewards Share Secured Credit Card account, including any replacement accounts. In this agreement "Account" refers to your Signature Cash Rewards, Platinum Rewards, or Platinum Rewards Share Secured Credit Card. Authorized users must enroll as members of the Credit Union.

I/We understand that I/we are jointly and severally liable for all transactions, fees and charges made or incurred by any joint account holder, authorized user, and anyone else to whom any of us or another joint account holder or authorized user allows access to the credit card or Account. I/We understand that I/we cannot disclaim this responsibility by notifying the Credit Union, but if requested, the Credit Union will close the Account for new Purchases, Cash Advances and Balance Transfers, and I/we will be required to surrender all credit cards for the Account. My/Our obligation to pay the entire Account Balance continues regardless of any agreement, divorce decree or other court judgment, of which the Credit Union is not a party that directs someone else to pay the Account Balance.

The Account is governed by the Signature Cash Rewards, Platinum Rewards and Platinum Rewards Share Secured Credit Card Agreement for the credit card, as amended from time to time. I/We will refer to and read the Account disclosure and agreement for more information about the terms and conditions of the Account and will assure that the Account disclosure and agreement are followed by all authorized users.

Cardholder Information:

Credit Card Type: Signature Cash Rewards Platinum Rewards Platinum Rewards Share-Secured

Credit Card # (last 4 digits): _____ Daytime Phone #: _____

Primary Cardholder: _____ Member #: _____

Secondary Cardholder (if any): _____ Member #: _____

Authorized User Information:

Name: _____

SSN: _____ Birth Date: _____

Member #: _____ Relationship to Cardholder: _____

Authorized User Information:

Name: _____

SSN: _____ Birth Date: _____

Member #: _____ Relationship to Cardholder: _____

Primary Cardholder's Signature (Date)

Secondary Cardholder's Signature (Date)

Credit Union Use Only			
Prepared by:	Teller #:	Phone #:	Date:

Card Services Dept. Use Only			
Processed by	Date Processed	Audited by	Date Audited