



For Credit Union Use Only

M \_\_\_\_\_  
A \_\_\_\_\_

### Request to Add Authorized Cardholder

Date: \_\_\_\_\_

Member's Name: \_\_\_\_\_  
(Primary Cardholder)

GTE Financial Credit Card Account  
Or Health Savings Account Number: \_\_\_\_\_

Please issue an additional card for \_\_\_\_\_ (name),  
\_\_\_\_\_ (relationship to Primary Cardholder).

#### NEW CARDHOLDER INFORMATION

Social Security Number: \_\_\_\_\_

Photo ID (MUST BE A CLEAR COPY): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**As the primary cardholder, I understand that I am fully responsible for all charges made by the authorized cardholder added to this account.**

\_\_\_\_\_  
Primary Cardholder's Signature

\_\_\_\_\_  
Authorized Cardholder's Name (please print)

\_\_\_\_\_  
GTE Financial Member Number

\_\_\_\_\_  
Authorized Cardholder's Signature

**This request can be faxed to 813.414.8447 to expedite your card order,  
however, the original completed form must be mailed to:**

GTE Financial  
Attn: Member Card Services  
P.O. Box 172599  
Tampa, FL 33672-0599

