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	For Credit Union Use Only
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## **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),
NEW CARDHOLDER II	NFORMATION
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

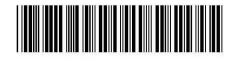
Authorized Cardholder's Name (please print)

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



gtefinancial.org