



## AUTHORIZED USER FORM

You request that the following person(s) be issued a credit card as an authorized user(s) of your credit card account with the Honolulu Police Federal Credit Union:

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

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

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

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

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

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

You understand that you are liable for ALL purchases made and cash advances received by an authorized user(s) of your credit card account.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Account Number \_\_\_\_\_