



Stonegate Bank Consumer Cardholder Supplemental Authorized User Form

Please use this form to add or delete authorized users. Credit cards will only be issued to U.S. Citizens or Permanent Resident Aliens of the United States of America.

IMPORTANT INFORMATION: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens or has access to an account. By signing below, you understand that we will ask for the name, address, date of birth, Social Security Number, telephone numbers, residency status, and other information that will allow us to identify you and your authorized users. We may also ask to see drivers' licenses or other identifying documents.

ORIGINAL APPLICANT NAME: _____

Name, Email Address, Mother's Maiden Name (MMN), Social Security Number (SSN)	Physical Home Address	Date of Birth (DOB), Country of Birth (COB), Identification #, Type of ID: Driver's License, Passport or U.S. Permanent Resident Card Issue Date, Expiration Date, Issued By	Phone Numbers	Resident Status
<input type="checkbox"/> Add <input type="checkbox"/> Delete (provide name and last 8 digits of card# _____) First Name: _____ MI: _____ Last Name: _____ Email: _____ MMN: _____ SSN: _____		DOB: _____ COB: _____ ID#: _____ Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> U.S. Permanent Resident Card Issue Date: _____ Expiration Date: _____ Issued By: _____	Home: _____ Work: _____ Cell: _____	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non-Resident Alien
<input type="checkbox"/> Add <input type="checkbox"/> Delete (provide name and last 8 digits of card# _____) First Name: _____ MI: _____ Last Name: _____ Email: _____ MMN: _____ SSN: _____		DOB: _____ COB: _____ ID#: _____ Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> U.S. Permanent Resident Card Issue Date: _____ Expiration Date: _____ Issued By: _____	Home: _____ Work: _____ Cell: _____	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non-Resident Alien

If the above information is not true and correct Stonegate Bank reserves the right to deny or cancel the applicant's credit. If any card is to be authorized for use in Cuba, all authorized users must complete a Personal Compliance Certification form, which can be found at www.stonegatebank.com/credit_cards.htm.

The original applicant must sign below authorizing the changes. By signing below you agree to all terms and conditions as stated in the latest cardholder agreement and disclosures. Please return this form to any Stonegate Bank office, fax to (954)659-3111, or mail to Stonegate Bank, P.O. Box 266198, Weston, FL 33326.

Authorized Signer: _____

Print Name: _____

Date: _____

Bank Use Only (Please do not write in this section)	
<input type="checkbox"/> OFAC	By: _____ Date: _____
<input type="checkbox"/> Taxport	By: _____ Date: _____
<input type="checkbox"/> Upload or Maintenance	By: _____ Date: _____