

Add a Joint Owner

A Joint Owner (a.k.a. secondary card member) is a person you add to your SKYPASS Visa® card account who will be jointly liable for any balance owed on your account.

- By signing, the Joint Owner agrees to the terms of the Cardmember Agreement. The Cardmember Agreement will arrive with the additional SKYPASS Visa card.
- The terms and conditions of your account will remain the same.

For your protection, we require your written authorization to add an individual to your account and we require the signature and agreement of the Joint Owner. To request an addition, fax or mail this completed form back to us at the address noted below.

Primary Cardmember

SKYPASS Visa Account Number: _____ - _____ - _____ - _____

Name: (please print as it appears on your SKYPASS Visa card) _____

Social Security Number: _____ - _____ - _____

Signature¹: _____

Secondary Cardmember

Name: (please print) _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Physical Address: _____

Signature²: _____

¹ If there is more than one Cardmember on your account, each of you is responsible, together and separately, for the full amount owed on the account. This is the case even if the account is only used by one of you, or by an authorized signer chosen by only one of you.

² As a secondary Cardmember, I understand that I will be jointly liable for payments due on this Account and I agree to abide by the terms and conditions of the Cardmember Agreement.

We may request consumer credit reports about you for evaluating this request and in the future for reviewing Account credit limits, for Account renewal, for servicing and collection purposes, and for other legitimate purposes associated with your Account. Upon your request, we will inform you if a consumer report was requested and, if it was, provide you with the name and address of the consumer reporting agency that furnished the report.

The terms and conditions of your account will remain the same.

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT

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 an account. What this means for you: When you open an account, we will ask for your name, street address (P.O. Boxes are not allowed under Federal law), date of birth, and other information (including your Social Security Number or Tax Payer Identification Number) that allow us to identify you. We may also ask to see your driver's license or other identifying documents when appropriate.

If you have further questions, please contact 24-hour Cardmember Service Department at 866-286-8472 (Signature Cardmembers call 1-866-359-4771). We are here to provide solutions for your banking needs and look forward to serving you in the future.

Please fax your completed form to: 866-568-7729

Or mail to:
U.S. Bank National Association ND
c/o U.S. Bancorp Service Center, Inc.
PO Box 6352
Fargo, ND 58125-6352

