

THE FAMILY CARD ADDENDUM



SUPPLEMENT TO CARDHOLDER AGREEMENT FOR ADDING ADDITIONAL CARDHOLDERS

This Supplement to Cardholder Agreement for adding Additional Cardholders (the "Supplement") is made and executed as of the day set forth below by you, as the primary cardholder and any joint cardholder, as a supplement to that certain Cardholder Agreement and Disclosure Statement (the "Agreement"), between you and Arvest Bank, Fayetteville, Arkansas (the "Bank"). Terms not otherwise defined in this Supplement shall have the same meaning as specified in the Agreement.

Primary Cardholder Information		
Name of Primary Cardholder		
Name of Joint Cardholder (IF ANY)		
Credit Card Number (must be an existing Bank credit cardholder)		
Address		
City	State	Zip
Primary Contact #	Joint Contact #	

**IMPORTANT:
PLEASE READ THESE TERMS WHICH ARE PART OF THIS SUPPLEMENT**

As the primary and joint (if applicable) cardholder(s), you desire to add the Family Card option (the "Option") to your existing Bank credit card. The Bank will not approve your request to add the Option to your account if it is in Default at the time the Bank processes this Supplement. By adding the Option, you can allow members of your family or others to access your credit as authorized users (each a "User") of your account and give them the ability to make purchases and cash advances, up to limits you assign, by using a separately assigned Family Card (a "User Card"). You understand that any User added to your account will not be considered a party to the Agreement and, therefore, will not be responsible to the Bank for any amounts owing for purchases, cash advances, fees or interest incurred by use of a User Card. Further, you understand that the use of a User Card has no impact on the User's credit bureau report (unless that User is your spouse). Once the Option is added, any joint cardholder shall have the ability, online or otherwise, to add additional Users to the account from time to time upon request to the Bank.

By signing this Supplement where indicated below, you, as the primary and joint (if applicable) cardholder(s), are authorizing the Bank to issue a User Card under the Option to each User designated in this Supplement and to periodically renew and replace each User Card. You can designate the credit limit applicable to each User Card; provided, that (a) the aggregate credit limit for all User Cards cannot exceed the credit limit applicable to the primary cardholder's Credit Card (the "Primary Credit Limit"), and (b) the Credit Card and all User Cards will share the Primary Credit Limit (i.e. any purchase made using the Credit Card or any User Card (i) will be applied against the Primary Credit Limit, (ii) will affect the available credit balance on the Credit Card and any User Card, and (iii) may be declined if it causes the aggregate outstanding balance of the Credit Card and all User Cards to exceed the Primary Credit Limit). The credit limit for each User Card will reset (subject to available credit balance) each month on the date of your Monthly Statement, and the User will have access to the entire credit limit applicable to his or her User Card.

If the Bank adds the Option to your account, you agree and acknowledge that (a) Monthly Statements, all disclosures and other notices, including the Bank's Privacy Policy, for the primary cardholder's Credit Card and each User Card will be sent only to you and not to any Users, and (b) your Credit Card and each User Card will be subject, in all respects, to the terms and conditions of the Agreement, as supplemented hereby. You understand that the Bank will charge all fees and charges applicable to each User Card to your account in accordance with the terms of Agreement. You will be solely responsible for all such fees and charges incurred by each User, except as otherwise provided in the Agreement.

DATED SIGNATURES (Required):	
X	_____
Signature of Primary Cardholder	Date
X	_____
Signature of Joint Cardholder	Date

USER INFORMATION

Please provide the following information requested in this Supplement for each User you desire to grant access to your account with a User Card. Include the address and telephone information of a User only if different from that of the primary cardholder. Each User must be a U.S. resident.

By signing this Supplement, each User acknowledges and understands that such User's personal information is collected and maintained by the Bank pursuant to the terms of the Bank's Privacy Policy, a copy of which is available upon request by calling the Bank at 800-356-8085 or writing to Arvest Bank, P.O. Box 6139, Norman, Oklahoma 73070.

Secondary Acct. 1			
Name			
Date of Birth	SSN/ Tax ID (required)		
Address	City	State	Zip
Telephone	Relationship to Primary Cardholder (required)		
\$	<input type="checkbox"/> YES <input type="checkbox"/> NO Cash is based on 20% of their limit at the time of withdrawal		
Credit Limit	Cash Advance		
Signature of Additional Cardholder 1			

Secondary Acct. 2			
Name			
Date of Birth	SSN/ Tax ID (required)		
Address	City	State	Zip
Telephone	Relationship to Primary Cardholder (required)		
\$	<input type="checkbox"/> YES <input type="checkbox"/> NO Cash is based on 20% of their limit at the time of withdrawal		
Credit Limit	Cash Advance		
Signature of Additional Cardholder 2			

Please submit the completed form via secure email, mail, or fax to:

Email: ACCCustomerService@arvest.com

Mailing Address: Arvest Bank
PO Box 6139
Norman, OK 73070

Fax: (479) 750-5459

Credit Card Use Only :	Secondary Acct 1# _____
Processed by: _____ Date: _____	Secondary Acct 2# _____
Associate ID: _____	