



Part II

ACCOUNT SECURITY FORM

Child's Name _____

(Please read carefully and print clearly where applicable. Answers should be the same for each child on the account.)

ACCOUNT CONFIDENTIALITY

In order to protect your privacy, we are unable to provide account access to anyone other than an Account Holder or Authorized User. An Account Holder is anyone who has signed the Registration Agreement. Account Holders are liable for the account, are able to request information, and are able make changes to the account.

Authorized Users are individuals authorized by the Account Holder to access information on the account. **As the Account Holder, you may authorize other individuals (e.g. a spouse and/or Parent 2) by listing their name(s) below.**

I authorize the following person(s) to be an **Authorized User**, allowing him/her to access information on the account:

I authorize the following person(s) to become an **Account Holder**, allowing him/her to make changes to account information: **(Please note that this person must sign the Registration Agreement before he/she is officially considered an Account Holder.)**

ACCOUNT ACCESS PASSWORD

Account Holders/Users requesting information or intending to make changes on an account are required to provide their Account Access Password. If a password cannot be provided, a security question will be asked so we may retrieve and provide the password. **Please provide us with an Account Access Password below.**

Account Access Password* _____ (Maximum: 6 characters)

Security Questions*: (Please answer at least one of the following):

- 1. What street did you live on during high school? _____
- 2. What was the make of your first car? _____
- 3. What is your Grandmother's maiden name? _____

Signature _____ Date: _____ Signature _____ Date: _____
(Parent 1) (Parent 2)

***Required Fields**

2010 WANDER WISCONSIN CREDIT CARD AUTHORIZATION (OPTIONAL)

Account Holder (Parent 1) _____

Child(ren)'s Name(s) _____

Name on Card _____ Card Type: [] Visa [] MasterCard

Credit Card # _____ Exp. Date ____ / ____

(Please indicate authorization by selecting the box below.)

[] I authorize a one time charge of \$ _____ to the credit card listed above for 2010 Wander Wisconsin fees.

Signature _____ Date _____



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