

## CREDIT CARD AUTHORIZED USER REQUEST

CREDIT CARD NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

CARDHOLDER 1 (Name and Address)	CARDHOLDER 2 (Name and Address)

### AUTHORIZED USER REQUEST

I request the following individual be  added  removed as an Authorized User to my Credit Card Account.

### AUTHORIZED USER INFORMATION

Name (First, Middle, Last)	Birth Date
Social Security Number/Individual Tax Identification Number	Address

### ACKNOWLEDGMENT AND AUTHORIZATION

By signing or otherwise authenticating as Cardholder, You agree to repay all transactions made to Your Account by the Authorized User, as well as any interest charges and fees. You understand that this document is governed by the terms of the Consumer Credit Card Agreement and Disclosure.

By signing or otherwise authenticating as Authorized User, You agree to discontinue use of the Account if the Cardholder dies, the Account is closed, or if You are removed as an Authorized User by You, the Credit Union, or the Cardholder. You also agree and understand that information about this Credit Card Account may be reported to credit bureaus and may be reflected on Your credit report.

Cardholder 1 Signature _____ Date _____ <b>X</b> (Seal)	Cardholder 2 Signature _____ Date _____ <b>X</b> (Seal)
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Authorized User Signature _____ Date _____ <b>X</b> (Seal)
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### FOR CREDIT UNION USE ONLY

DATE:  APPROVED  DENIED

LOAN OFFICER COMMENTS \_\_\_\_\_

CREDIT UNION SIGNATURES

Signatures _____ Date _____ <b>X</b>	Signatures _____ Date _____ <b>X</b>
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