

VISA® CREDIT CARD AUTHORIZED USER FORM | PAGE 1 OF 1



CONFIDENTIAL

Date _____

Member's name _____

Signal Financial FCU credit card number _____

Address _____ State _____ ZIP Code _____

Daytime phone number _____ Home phone number _____

ADDITIONAL CARD HOLDERS

You may authorize others to use your VISA® Credit Card. You may add up to two individuals to your VISA® Credit Card at no extra charge. Each additional card holder will receive a Credit Card with his/her individual name embossed. You promise to pay for all Credit Purchases and Cash Advances made by anyone you authorize, with or without a Card, and whether or not you notify us that he or she will be using it. If you want to revoke someone's privileges, you must recover and return the individual's Credit Card to the Credit Union. If you are unable to recover and return the Card, you will continue to be liable for any charges made unless you notify us to cancel all Cards and establish a new account for you. We may request written verification from you regarding any change or cancellation to your account.

Print Authorized User's name _____

Authorized User's Social Security Number _____

AUTHORIZED USER'S SIGNATURE

ACCOUNT HOLDER'S SIGNATURE