



VISA® CREDIT CARD AUTHORIZED USER FORM

I/We _____, designate the following as Authorized User(s) on my/our VISA® account with the Interior Federal Credit Union™. I/We hereby certify that I/we will be solely responsible for all usage by my/our designated Authorized User(s) and understand that I am/we are fully responsible for all payments. The credit card and monthly statements will be sent to my/our address that I/we have on file with my/our current VISA® card.

Authorized User 1:

(Please print name)		

Address		
_____	_____	_____
City	State	Zip
_____	_____	
Date of Birth	Social Security Number	

Authorized User 2:

(Please print name)		

Address		
_____	_____	_____
City	State	Zip
_____	_____	
Date of Birth	Social Security Number	

Cardholder Name (print): _____

Signature: _____ Date _____

Joint Cardholder Name (print): _____

Signature: _____ Date _____

IFCU VISA® Account Number: _____

Daytime Telephone Number: _____

Notice:

- You may cancel an authorized user card by written notice to the Credit Union.
- The authorized user card must be destroyed or returned to the Credit Union with the notice of cancellation.