

Visa Credit Card - Authorized User Agreement

Rev 4/2019

I, _____, designate the following as Authorized User(s) on my Signature Federal Credit Union Visa Credit Card. I hereby certify that I will be solely responsible for all card usage by the Authorized User(s). The credit card and monthly statements will be sent to the address that I have on file with my current Visa Credit Card.

Authorized Users are as Follows:

Name	Date of Birth (MM/DD/YY)	SSN
Name	Date of Birth (MM/DD/YY)	SSN
Name	Date of Birth (MM/DD/YY)	SSN
Name	Date of Birth (MM/DD/YY)	SSN
Name	Date of Birth (MM/DD/YY)	SSN

Signatory Authorization and Agreement

Member Signature		
Printed Name	Date (MM/DD/YY)	Member Number
Visa Card Number		Daytime Phone Number

