

Visa Debit Card - Authorized User Agreement

Rev 6/2017

I, _____, designate the following as Authorized User(s) on my Signature Federal Credit Union Visa Debit card. I hereby certify that I will be solely responsible for all transactions by the Authorized User(s) and that the Authorized User(s) are 18 years of age or older. The debit card and the monthly checking statements will be sent to my address that I have on file with my checking account.

Authorized Users are as follows:

Member Signature

Date

Member Name (Printed)

Member Number

Visa Debit Card Number

Daytime Phone

