

Visa Debit Card - Authorized User Agreement

Rev 4/2019

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). 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:

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

