

VISA CREDIT CARD
AUTHORIZED USER REQUEST FORM

Member Name: _____ Day Time Telephone # : _____

Address: _____

_____ Evening Telephone # : _____

I, _____, do hereby authorize the following person(s) to be issued and use a Visa Credit Card(s) on my Parsons Federal Credit Union Visa Credit Card Account # _____

Name (please print)	Social Security Number	Date of Birth
_____	_____	_____
_____	_____	_____

You agree that by using or authorizing another to use your Parsons Federal credit Union VISA Credit Card Account, you will be bound by the terms and conditions of the applicable Parsons Federal Credit Union disclosure entitled: A) Closed-End-Note, Loan and Security Agreement and Truth-in-Lending Disclosure, B) Personal Line of Credit Note and Federal Disclosure Statement, or C) VISA Agreement and Federal Truth and Lending Disclosure statement, which was given to you when your Visa Credit Card Account was opened.

X _____
Signature Date

X _____
Authorized Signer Signature Date

X _____
Authorized Signer Signature Date