



# VISA® CREDIT CARD AUTHORIZED USER APPLICATION

Please complete the following information to add an Authorized User to your Visa® Credit Card loan.

Member / Visa® Cardholder Name \* † \_\_\_\_\_

Member Number † \_\_\_\_\_ Loan Type † \_\_\_\_\_

Residential Street Address † (No Post Office Boxes) \_\_\_\_\_

Mailing Address (If different from above) \_\_\_\_\_

Security Password † (For phone contact verification, not your card or Online Banking PIN) \_\_\_\_\_

Social Security Number † (Last four digits) \_\_\_\_\_ Date of Birth † \_\_\_\_\_

Home Phone † \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Would you like to setup or make changes to your automatic payments or electronic statements?

Automatic Repayment Authorization from Account \_\_\_\_\_

Automatic Repayment Authorization Amount Options  Payoff Monthly Balance  Repay Minimum Payment

eStatement Authorization \_\_\_\_\_

### You may also like these services. Please contact us for details.

myCard Personalization  Overdraft for Checking  Credit Limit Increase  Payment Protection  Credit Monitoring

Member / Visa® Cardholder Signature \* † \_\_\_\_\_ Date † \_\_\_\_\_

Authorized User Name \* † \_\_\_\_\_

Member Number † \_\_\_\_\_ Relationship to Member † \_\_\_\_\_

Name on Card † (Not to exceed 26 Characters) \_\_\_\_\_

Residential Street Address † (No Post Office Boxes) \_\_\_\_\_

Mailing Address (If different from above) \_\_\_\_\_

Security Password † (For phone contact verification, not your card or Online Banking PIN) \_\_\_\_\_

Social Security Number † \_\_\_\_\_ Date of Birth † \_\_\_\_\_

Home Phone † \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Authorized User Signature \* † \_\_\_\_\_ Date † \_\_\_\_\_

† Required Information.

### \* **LIABILITY:** Authorized Users must be at least 16 years old. The Member / Visa® Cardholder is responsible for payment of all transactions made by the Authorized User.

In accordance with Federal Law and the USA PATRIOT Act, all financial institutions are required to obtain, verify, record and retain information that identifies every person doing business at or through their institution. In processing your request, we require your legal name, Taxpayer Identification Number (TIN), residential and mailing addresses, date of birth, and any other information that will allow us to identify you. We also require clear and legible photocopies of at least one (1) form of unexpired government issued photo identification from you and the Authorized User(s) on your credit card loan account(s). The identification and information that you and any Authorized Users provide will be verified as part of our loan qualification process, which may include credit and debit bureau inquiries. We do business in accordance with the Equal Credit Opportunity Act. For more information, please refer to our [Credit Card Agreement](#) and [Disclosures](#), available upon request or on our website at [www.ibmsecu.org](http://www.ibmsecu.org).

Please return the signed and completed form along with copies of your identification to your local Branch, or to IBM Southeast EFCU, Attn: Card Services Department, P. O. Box 5090, Boca Raton, FL 33431-0890, fax to 561.226.5417 or email [visa@ibmseu.org](mailto:visa@ibmseu.org). For assistance, please call 800.873.5100 or 561.982.4700.



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Federal Credit Union

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