



Credit Card Authorized User(s) Form

Member Name	Date
Last 4 digits of TFCU Member Account:	Visa Credit Card Number:
Best contact number	Email Address

SECTION I

Names of those to be issued cards on my/our VISA Credit Card account. Print name(s) as it/they should appear on the card(s). No more than 21 letters and spaces per name.

1. _____ 2. _____

SECTION II – REQUIRED Only If Authorized User IS NOT a Co-Borrower

The U.S.A. Patriot Act and other regulations require Transportation Federal Credit Union (TFCU) to obtain additional information. TFCU will not allow access to the account until the information below is provided and verified in accordance with the appropriate regulations. Approved card(s) will be sent to the primary account holder address on file with TFCU.

Authorized User 1

Name	
Date of Birth	Social Security #/TIN
Address 1	
City	State / Zip
Address2	Phone

Authorized User 2

Name	
Date of Birth	Social Security #/TIN
Address 1	
City	State / Zip
Address2	Phone

Authorized User 1 Signature

Authorized User 2 Signature

SECTION III - Card Owner and Co-borrower(s) must sign

I/we understand that I am/we are financially responsible for the use of the Card(s) by the above named authorized user(s). I/we agree to pay Transportation FCU for the credit extended pursuant to the use of the Card(s) by me or any person to whom I/we give express, implied or apparent authority (including minor children), together with all applicable finance charges and other charges, and in accordance with the terms of the Credit Agreement and Truth in Lending Disclosure.

Card Owner Signature

Co-borrower Signature

For Staff Use Only

Reviewed and Verified by: _____

Date: _____