



Date _____

Credit Card # _____

Member Account # _____

Authorized User's Name _____

I would like for an additional credit card to be issued under this account number in the name of _____.

I understand I am fully responsible for all transactions made on this account by any authorized user.

This authorization is until the credit card expires. It will not renew automatically.

Card Holder's Signature

FOR CREDIT UNION USE ONLY

Date _____

Credit Card Department _____