



**Credit Card
Authorized User Designation**

Member Information

Member Name _____

Share Account Number _____

Address _____

City, State, Zip _____

Member's Daytime Telephone _____

Member's Evening Telephone _____

Credit Card Number (if applicable) _____

I, _____, hereby request the following person be added to/ deleted from my NWFCU Card Account.

I understand that I will be responsible for any transactions placed on the account by said authorized user.

Member Signature _____ Date _____

Authorized User Information

Name _____

Daytime Telephone _____

Evening Telephone _____

Social Security Number _____

Date of Birth _____

Address _____

City, State, Zip _____

Credit Union Use Only

CU Representative _____ Date _____

Branch _____