

*Credit Card Authorized User Designation*

**Member Information**

Member Name \_\_\_\_\_

Share Account Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

Authorized User Signature \_\_\_\_\_ Date \_\_\_\_\_

*Credit Union Use Only*

Credit Union Representative/Branch \_\_\_\_\_ Date \_\_\_\_\_