



**Credit Card  
Authorized User Designation**

**Member Information**

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

Savings Account Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Member's Home Telephone \_\_\_\_\_

Member's Work Telephone \_\_\_\_\_

Credit Card Number (if applicable) \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_,  
(Name) (Title)

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

I understand that I will be responsible for any transactions on the account by said authorized user. If I've selected a consolidated business card I understand and agree that I as the primary card owner will receive one periodic statement reflecting all charges made during the period by all users of the card including any authorized signer(s).

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

**Authorized User Information**

Name \_\_\_\_\_

Home Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Credit Union Use Only**

CU Representative \_\_\_\_\_ Date \_\_\_\_\_

Branch \_\_\_\_\_