



Credit Card Authorized User Designation

Member Information

Owner/ Joint Owner 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).

Owner/ Joint Owner 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 _____