



Visa® Credit Card Authorized User

Primary member name: _____

Account number: _____ Visa loan ID: _____

Please do not list any card number on this form.

Add an Authorized User

Remove an Authorized User
(Requires only one of the signatures below)

Please issue an "Authorized User" Visa credit card in the name listed below.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who uses an account or loan.

Authorized User Information			
First:	Middle:	Last:	
Street Address:	City:	State:	Zip:
Extra Address:	Date of Birth:	SSN:	
Home Phone:	Mobile Phone:	Work Phone:	
Email Address:			

Primary Member- My signature below confirms acknowledgement and agreement that I am fully bound to repay all credit obligations incurred by this Authorized User as if I had incurred the credit obligations myself. I understand that the Authorized User will be able to block their card if lost/stolen/fraud and will be able to discuss and dispute transactions.

Authorized User- My signature below constitutes agreement that access to the Visa credit card is only valid as long as the primary is living and/or this authorization has not been revoked by either the Primary or the Authorized User.

All parties 18 years of age and older agree and are aware that all users of this Visa Account and it's activity will be provided to the Credit Reporting Agencies.

Signatures:

Primary Member _____ Date _____

Authorized User _____ Date _____

Please attach a copy of the Authorized User's valid ID.

Credit Union Use Only

CU Representative: Obtain proper identification for the Additional User (if available) and Primary Member. We realize some users under the age of eighteen (18) may not have proper identification. Scan a current copy of both the Primary and Authorized User's valid LGE approved government issued ID to Synergy if applicable.

OFAC verified by: _____ Date: _____

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