



Member # _____

VISA AUTHORIZED USER FORM

I / We request that the following person(s) be issued a credit card as an authorized user(s) of my / our credit card account with Heritage Grove Federal Credit Union:

Authorized User Name / SSN _____

Print or Type

Authorized User Name / SSN _____

Print or Type

Authorized User Name / SSN _____

Print or Type

I / We understand that from this day forward I / We are liable for ALL purchases made and ALL cash advances received by an authorized user(s) of my / our credit card account. I / We also understand that to terminate the authorized user(s) from my / our VISA account, it will be necessary to have their credit card(s) returned to the credit union to be destroyed.

Primary Member Cardholder _____ (Print or Type)

Joint Member Cardholder _____ (Print or Type)

VISA ACCOUNT NUMBER _____

Primary Member Cardholder Signature _____

Joint Member Cardholder Signature _____

Authorized User Signature _____

Authorized User Signature _____

Authorized User Signature _____

Today's Date _____