

VISA® CREDIT CARD AUTHORIZED USER FORM

I/We _____, designate the following as Authorized User(s) on my/our VISA® account with the American Eagle Federal Credit Union™. I/We hereby certify that I/we will be solely responsible for all usage by my/our designated Authorized User(s) and understand that I am/we are fully responsible for all payments. The credit card and monthly statements will be sent to my/our address that I/we have on file with my/our current VISA® card.

Authorized User(s):

(Please print name)

(Please print name)

(Please print name)

(Please print name)

(Please print name)

Cardholder Name (print): _____

Signature: _____

Date _____

Joint Cardholder Name (print): _____

Signature: _____

Date _____

AEFCU VISA® Account Number: _____

Daytime Telephone Number: () _____

Notice:

- You may cancel an authorized user card by written notice to the Credit Union.
- The authorized user card must be destroyed or returned to the Credit Union with the notice of cancellation.

American Eagle Federal Credit Union, 417 Main Street, East Hartford, CT 06118 • 860 568-2020 or 800 842-0145



Federally insured by NCUA. Equal Opportunity/Equal Housing Lender.

