

VISA® Credit Card Authorized User Form

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

Primary or Joint Cardholder Name (print): _____

Signature: _____

Date (MM/DD/YYYY): _____

AEFCU VISA® Account Number: _____

Daytime Telephone Number: _____

All Authorized User(s) Please Note: Total number of cardholders per Visa card number cannot exceed four cardholders including primary, joint owners and authorized users. Full name and date of birth is required on all authorized users.

Authorized User Name (Print) _____

Date of Birth (MM/DD/YYYY) _____

(Signature)

Authorized User Name (Print) _____

Date of Birth (MM/DD/YYYY) _____

(Signature)

Authorized User Name (Print) _____

Date of Birth (MM/DD/YYYY) _____

(Signature)

Notice:

- You may cancel an authorized user's card by written notice to the Credit Union.
- The authorized user's card must be destroyed or returned to the Credit Union with the notice of cancellation.
- Please send completed form to: American Eagle Financial Credit Union, Attn: Card Services Department, P.O. Box 280128, East Hartford, CT 06128-0128