



Credit Card AUTHORIZED USER Change

Credit Card Account Owner		
Last Name	First Name	Account Number
Credit Card Account Number		Other Information (if applicable)

Add Authorized User
 Remove Authorized User

Authorized User Only		
Last Name	First Name	Social Security Number
Address (if not the same as credit card account holder)		Date of Birth
<input type="checkbox"/> Authorized User is a member of the credit union <input type="checkbox"/> Authorized User is not a member of the credit union <p>Required Information In order for an individual who is not a current member to be an authorized user on this account they must provide picture identification and documentation reflecting the individual's current residential address. Please submit one of following valid forms of identification: • Driver's License • US Social Security Card/ITIN • Passport • US Military ID • US Work Visa • Other Government Issued picture ID. SBCU is required, by federal law, to obtain, verify, and record information that identifies each person opening or having access to a SBCU Account.</p>		
Authorized User Signature X		Date

Acknowledgements I, the Borrower, and any Authorized User agree to accept full responsibility for the use of the card in accordance with the terms and conditions of the Visa® Disclosure Statement and Agreement I received with my original Card(s) and any Additional Federal and State Disclosures provided since that time. In addition, by signing below the Authorized User authorizes you to gather and exchange any credit, checking account, and employment information you consider appropriate from time to time and agrees that this is a loan to which the Authorized User has access and may be considered liable for any outstanding balance on this account should the Borrower default. Should this become necessary, unlimited access to the account payment and transaction history will be available to the Authorized User upon request.

I hereby authorize South Bay Credit Union to issue additional Visa® Card on my account to the individual named above. I understand a card will be issued only if my account is in good standing. I understand I may cancel or remove an authorized user by written notice to the Credit Union without consent or prior notice to the authorized user. I understand that an incomplete application will delay processing of my request.

Acknowledgements & Signatures	
Card Holder Account Owner Signature X	Date

MSR: File with Loan Agreements