



VISA CREDIT CARD AUTHORIZED USER REQUEST FORM

Member Name: _____ Day Time Telephone #: _____

Address: _____ Evening Telephone #: _____

I, _____, do hereby authorize the following person(s) to be issued and use a VISA Credit Card(s) on my Parsons Federal Credit Union VISA Credit Card Account # _____

Name (please print)

Social Security Number

Date of Birth

You agree that by using or authorizing another to use your Parsons Federal Credit Union VISA Credit Card Account, you will be bound by the terms and conditions of the applicable Parsons Federal Credit Union disclosure entitled: A) Closed-End-Note. Loan and Security Agreement and Truth-in-Lending Disclosure B) Personal Line of Credit Note and Federal Disclosure Statement, or C) VISA Agreement and Federal Truth-in-Lending Disclosure statement, which was given to you when your VISA Credit Card Account was opened.

X

Signature

Date

Authorized User Signature

Date

Authorized User Signature

Date