



## VISA DEBIT 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 Debit Credit Card(s) on my Parsons Federal Credit Union Checking Account # \_\_\_\_\_

Name (please print)

Social Security Number

Date of Birth

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Authorized Signer Signature

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Authorized Signer Signature

\_\_\_\_\_  
Date