



VISA® CREDIT CARD AUTHORIZED USER

AppleFCU.org

P.O. Box 1200, Fairfax, VA 22038-1200 703-788-4800 Fax: 703-667-8703

Primary Cardholder's Name: First	MI	Last	Suffix
Member No.	Visa Credit Card No.		

Select one request below:

- I would like to request that the following Authorized User be **added** to my Visa Credit Card.
- I would like to request that the following Authorized User be **removed** from my Visa Credit Card.

AUTHORIZED USER INFORMATION:

User's Name: First	MI	Last	Suffix
Social Security No. (or ITIN)	Date of Birth (MM/DD/YYYY)	If Authorized User is an AFCU Member, Provide Member No.	

I understand that the Authorized User will have full access to the account. Apple personnel can discuss the account with this person, and the Authorized User will receive a card in their name and can make purchases and cash advances on this account. Furthermore, the Primary (and Secondary account holder, if applicable) acknowledges that an Authorized User is not responsible for payment on this account. I acknowledge that my terms and agreement will in no way change by adding an Authorized User to my Apple FCU Visa Credit Card. A new credit card number will be assigned when removing an authorized user.

Apple Federal Credit Union chooses to report Authorized Users on Visa Credit Cards to credit reporting agencies.

SIGNATURES:

Primary Cardholder's Signature	Date (MM/DD/YYYY)
Secondary Cardholder's Signature (if applicable)	Date (MM/DD/YYYY)
Authorized Signature	Date (MM/DD/YYYY)

Please mail this form to Apple FCU, Attn: Credit Card Operations, P.O. Box 1200, Fairfax, VA 22038-1200 or fax to 703-667-8703.

CREDIT UNION USE ONLY:

Branch:	Counselor:
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