

**VISA CREDIT CARD
ADD/REMOVE AUTHORIZED USER**

Return this completed form to any branch or mail to CSE Credit Union, 84 Wadsworth St, Hartford, CT 06106. Once this request has been processed and approved, a card in the Authorized User's name will be mailed to the Primary Member's address within 7-10 business days.

MEMBER INFORMATION

Primary Member Name:

Member Number:

Date:

Social Security Number:

Home Phone:

Cell Phone:

AUTHORIZED USER INFORMATION

Name: (Must be 18 years old)

Address:

Date of Birth:

Social Security Number:

AUTHORIZATION

Please issue a VISA Credit Card for the above-named individual. I understand that I am fully responsible for **ALL** purchases and cash advances using this VISA Credit Card, including those purchases made by the authorized user.

Please remove above-named authorized user.

ACKNOWLEDGMENT

I acknowledge and agree to the above terms and conditions.

X

Primary Member Signature

Date

X

Authorized User Signature

Date