

Credit Card Authorized User Request



PO Box 576
Seattle, WA 98111-0576
888.628.4010
inspirusCU.org

Date: _____ Credit Card Number, if available: _____
Member Name/Business Name: _____
Member Number: _____
Home#: _____ Work#: _____ Cell#: _____

AUTHORIZED USER 1 (Minimum age 14)

Name: _____

Date of Birth: _____ Social Security Number: _____

MMN: _____ Address: _____

Would you like to have a card issued to this user with the name as it is typed above? Yes No

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

Signature: _____ Date: _____

AUTHORIZED USER 2 (Minimum age 14)

Name: _____

Date of Birth: _____ Social Security Number: _____

MMN: _____ Address: _____

Would you like to have a card issued to this user with the name as it is typed above? Yes No

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

Signature: _____ Date: _____

REMOVE AUTHORIZED USER (Cannot remove joint)

Name: _____

Does Account Need New Card Number? **YES** **NO**

I hereby authorize the users above to be added as an Authorized User to the credit card account listed above. I certify that I am the account owner, that I have full authority to make changes to this account and that an unrestricted card will be issued to this person. I also understand that I am responsible for any charges done by the authorized user, as well as on-time repayment of this account.

Signature of the Cardholder (Primary or Joint): _____ Date: _____

Please mail this signed document to:
Inspirus Credit Union
P.O. Box 576 - Seattle, WA 98111-0576

Or, fax to: 206-676-3649