



Authorized User Request Form

Borrower Name *(please print)*

Co-Borrower Name *(please print)*

Account Number

Authorized User Name *(please print)*

Borrower(s) hereby request Inspirus Credit Union to issue a Visa Credit Card under Borrower(s) account to the authorized user designated above. Authorized users may use Visa cards to make purchases, obtain cash advances, and perform other transactions on the account without any further authorization or permission of the Borrower(s).

Borrower(s) are obligated to repay Inspirus Credit Union for all transactions conducted by an authorized user as if the Borrower conducted the transaction.

This designation of authorized user shall remain in effect until Inspirus Credit Union receives written notice of the revocation of such designation, signed by Borrower(s), and has had reasonable opportunity to act on such revocation.

Borrower Signature

Date

Co-Borrower Signature

Date

Authorized User Signature

Date

Please mail this signed document to:

Inspirus Credit Union
P.O. Box 576
Seattle, WA 98111-0576

Or, FAX this signed document to:

206-676-3649