



## Visa Credit Card Authorized User Request Form

**Important Information:** La Loma Federal Credit Union (LLFCU) is required, by federal law, to obtain, verify, and record information that identifies each person opening or having access to a LLFCU Account. I understand that you will ask for my legal name, residential address, Social Security Number (SSN), Phone Number, and Date of Birth.

**Required Information:** In order for an individual to be named on this account in any capacity they must provide picture identification. Please submit one of following valid forms of identification: Driver's License, Passport, US Military ID. LLFCU reserves the right to request additional identification.

Primary/Joint Card Holders Name: \_\_\_\_\_

Account Number-Loan Suffix: \_\_\_\_\_

Authorized User				
Full Name	Relationship	Social Security #	Home Address	Date of Birth

Identify the request below. Select only one.

Add an authorized user. I request to add the above as an authorized user on the credit card referenced.

By signing below, I understand and agree that in the event of the death of the member cardholder(s), the additional card assigned to me is no longer valid. Any subsequent charges incurred by me, including recurring charges and charges made without the use of the card, become my responsibility to repay.

**Authorized User Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Remove an authorized user. The primary or joint cardholder may remove an authorized user to the account. I request to remove the above as an authorized user on the credit card referenced

**LIABILITY:** Authorized Users must be at least 18 years old. The Member/Visa<sup>®</sup> credit card holder is responsible for payment of all transactions made by the Authorized User. In accordance with Federal Law and the USA PATRIOT Act, all financial institutions are required to obtain, verify, record and retain information that identifies every person doing business at or through their institution. In processing your request, we require your legal name, Taxpayer Identification Number (TIN), residential and mailing addresses, date of birth, and any other information that will allow us to identify you. The identification and information that you and any Authorized Users provide will be verified, which may include credit and debit bureau inquiries. Please return the signed and completed form along with copies of your Identification to La Loma Federal Credit Union, Attn: Card Services, PO Box 906, Loma Linda CA 92354. For assistance, call (909) 796-0206 ext. 300.

\_\_\_\_\_  
**Primary/Joint Account Signature (not authorized user)** **Date** \_\_\_\_\_

**Please forward to Card Services**

For Credit Union Use Only	
Received By: _____	Date: _____
Member Verified By: _____	Verification Method: _____

For Back Office Use Only	
Completed By: _____	Date: _____