

AUTHORIZED USER VISA® CARD REQUEST FORM



2625 Corporate Place, Monterey Park, CA 91754-7645
 Mailing Address: P.O. Box 30831, Los Angeles, CA 90030-0831
 323-268-1226, 800-222-1226, Fax: 323-269-6607, FAFCU.org

Member Name and Address:	Daytime Phone Number:	Member Number:
	Email:	Date:

Dear Member:

To order a card for an authorized user, please complete items a-f and return this form to the Visa Department.
If the authorized user is NOT a member of F&A, please include a copy of their picture ID.

Please issue additional Visa cards under the following names:

Card Number 1

a- Please Print Name	b- Signature	c- Relationship
d- Authorized User Member Number	e- Birthdate	f- Social Security
g- Card Image Name		

Card Number 2

a- Please Print Name	b- Signature	c- Relationship
d- Authorized User Member Number	e- Birthdate	f- Social Security
g- Card Image Name		

Card Number 3

a- Please Print Name	b- Signature	c- Relationship
d- Authorized User Member Number	e- Birthdate	f- Social Security
g- Card Image Name		

I understand that these cards will be issued against my Visa account, and that I am responsible for any charges placed on the account by the above named cardholder(s). I also understand that the authorized user will be given access to all information on my Visa account only (i.e. balances, availability, etc.)

Note: To add a co-borrower, a Visa application is required.

Member Signature (required):	Date:
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For Credit Union use only:

Loan Type:	Card Number 1)
	Card Number 2)
Date / OP#:	Card Number 3)