



Request for Additional VISA® Credit Card Signer

_____ (Name of Organization or Business) approves the following person to be an authorized user/signer on the VISA account held at Interfaith Federal Credit Union.

As an authorized signer/user on the VISA account, you will be bound by the terms and conditions of the Interfaith Federal Credit Union Agreement entitled VISA Card Agreement and Federal Truth-In-Lending Disclosure Statement. To properly identify named individual, the following information will be used for verification along with a clear photocopy of ID or current driver's license.

Authorized user/signer name: _____

Social Security #: _____ Driver's License # _____ State _____

Daytime telephone # (____) _____ Evening telephone # (____) _____

Date of Birth _____ Email Address _____

Cardholder Signature: _____

Card Limit amount: \$ _____

The above-named individual is hereby approved to be an authorized user/signer on our corporate Interfaith Federal Credit Union VISA account. This authorization is approved by: (Must be approved by authorized signer, two if required by organization or business).

IFCU Account # _____

Authorized by (Name, title, and signature) Date

Authorized by (Name, title, and signature) Date

Please complete all information.