ADD/DELETE VISA® AUTHORIZED USER



| ADD VISA® AUTHORIZED USER | | | | | | | |
|--|----------------------------|--------------------|-----------------------------|------------------------|----------|-------------------|--|
| | | | | P 1 11 | | | |
| I,(Membe | er Name, please print) | | , will be of | oligated to pa | ay all a | amounts due | |
| on purchases and/or cash advances made I | by | | | | | | |
| (Authorized User Name, please print) | | | | | | | |
| as an Authorized User on my account, ending with the last four digits of (last four numbers on card) . | | | | | | | |
| Member Signature | | Member Number | Date | | | | |
| x | | | | | | | |
| | NOTICE TO A | VIITHOBIZED I | ISER | - | | | |
| NOTICE TO AUTHORIZED USER I hereby acknowledge that I have requested a VISA® Credit Card which will access a VISA® Credit Card Line of Credit and Account held by more | | | | | | | |
| than one person. | | | | | | | |
| I understand that by requesting this Card, I have agreed to repay Bay Federal Credit Union for all purchases, cash advances, and Ioan advances which are made on this Account together with the Finance Charges and Other Charges as described in the VISA® Loan Disclosure and Agreement even if: | | | | | | | |
| 1. I did not make the transaction | ns, and | | | | | | |
| 2. I did not receive any property, services or money as a result of those transactions. | | | | | | | |
| I also acknowledge that I have received a c my obligation. | copy of this notice and th | ne VISA Loan Discl | osure and Agreemen | t which spec | ifies th | ne exact terms of | |
| Authorized User Name Relationship to Member | | | | | | | |
| | | | | | | | |
| Social Security Number | | Date of Birth | | Phone Number | | | |
| Address | | City | | St | tate | Zip | |
| | | | | | | | |
| Employer | | Occupation | Occupation | | | | |
| | | | | | | | |
| Authorized User Signature | | | Date | | | | |
| X | | | | | | | |
| DELETE VISA® AUTHORIZED USER | | | | | | | |
| | | | | | | | |
| l, | , | wish to delete | | | | | |
| I,, WISH TO DELETE | | | | | | nt) | |
| from my account ending with the last four d | igits of | | | | | | |
| | (last four numb | pers on card) | | | | | |
| I am aware this action will result in the blocking of all cards associated with the above number, and a new card/number will be issued to the remaining authorized parties on this account. | | | | | | | |
| Member Signature | | Member Number | Member Number | | Date | | |
| X | | | | | | | |
| | | | | | | | |
| | | RNAL USE ONLY | | | | | |
| Authorized User ID Type: | | | ID Expiration Date OFAC Val | | | | |
| OSI Person Number: | Completed by | | Date | CHEXSYSTEMS Validation | | STEMS Validation* | |

*For adding user only