



## Authorized User Agreement

### Primary Account Holder Information:

Card #: \_\_\_\_\_ Account # \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License/ID: \_\_\_\_\_

### Authorized User Information:

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to You: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License/ID: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(A copy is required)

Address (if different than yours): \_\_\_\_\_  
\_\_\_\_\_

Authorized User Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing below, member recognizes and confirms full liability for all debt incurred (including fees and finance charges) against this Visa credit card whether charges and/or advances were made by Member or by Authorized User.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** Authorized user's card can only be mailed to the primary user/applicant's address of record.

Return completed form in person to a Sacramento Credit Union branch, by fax: 916-449-2785, or by mail: Sacramento Credit Union, P.O. Box 2351, Sacramento, CA 95812-2351