



SACRAMENTO
CREDIT UNION

Authorized User Agreement

Account Holder Information:

Card #: _____ Account #: _____

Name: (Last) _____ (First) _____

Home Phone: _____ Cell: _____ Email: _____

Driver's License / ID: _____

Authorized User Information:

Card #: _____ Account #: _____

Name: (Last) _____ (First) _____

Home Phone: _____ Cell: _____ Email: _____

Relationship to Account Holder: _____ Date of Birth: _____

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

Address (if different than Account Holder's): _____

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.

Account Holder's Signature: _____ Date: _____

Note: Authorized user's card can only be mailed to the Account Holder'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

Credit Union Use Only:

Revised: October 2025

Scan to: Loans Approved