



VISA® Credit Card - Add Authorized User Form

I/We _____, designate the following as Authorized User(s) on my/our VISA® account with NSP St. Paul Credit Union. I/We hereby certify that I/we will be solely responsible for all usage by my/our Authorized User(s) and understand that I/we are fully responsible for all payments. The credit card and monthly statements will be sent to my/our address on file with my/our current VISA® card.

Authorized User(s):

(Please print name)

(Social Security number)

(Date of birth)

(Please print name)

(Social Security number)

(Date of birth)

Order card for Authorized User? Yes No (please circle one)

Report Authorized User to Credit Bureau? Yes No (please circle one)

Cardholder Name (Please print): _____

Signature: _____ Date: _____

Joint Cardholder Name (Please print): _____

Signature: _____ Date: _____