Request to Add Authorized User Form

Primary Cardholder Name: _____

Member #: _____

Phone #: _____

Joint Cardholder Name: _____

Member #: _____

Phone #: _____

NCPD FCU Visa Account #: _____

*Authorized Users must be members or eligible for membership at NCPD FCU and must be at least 16 years of age.

Additional Cardholder Information

Name: _____

Address: _____

Date of Birth: _____

Social Security #: _____

Primary Phone #: _____

Authorized User Signature: _____

I/We agree to authorize NCPD Federal Credit Union to issue an additional card for the Authorized User above. I/We accept all responsibility for the charges made by the Authorized User.

****Credit history will be reported on the credit report of each cardholder.**

Primary Cardholder Signature: _____ **Date:** _____

Joint Cardholder Signature: _____ **Date:** _____