

CREDIT CARD AUTHORIZED USER APPLICATION

Please complete the following information to add an Authorized User to your credit card loan.

Member / Cardholder Name *

Member Number

Loan Type

Residential Street Address (No Post Office Boxes)

Mailing Address (If different from above)

Security Password (For phone contact verification)

Social Security Number (Last 4 digits)

Date of Birth

Home Phone

Work Phone

Email Address

Cell Phone

Would you like to setup or make changes to your automatic payments or electronic statements?

Automatic Repayment Authorization from Account

Automatic Repayment Authorization Amount Options

☐ Payoff Monthly Balance ☐ Repay Minimum

eStatement Authorization

You may also like these services. Please contact us for details.

☐ Overdraft for Checking

☐ Credit Limit Increase

☐ Payment Protection

☐ Credit Monitoring

Member / Cardholder Signature *

Date

Authorized User Name *

Member Number

Relationship

Social Security Number (Required)

Date of Birth

Security Password (For phone contact verification)

Name on Card (Not to exceed 26 Characters)

Residential Street Address (No Post Office Boxes)

Mailing Address (If different from above)

Home Phone

Work Phone

Email Address

Cell Phone

Authorized User Signature *

Date

* LIABILITY: Authorized Users must be at least 16 years old. The Member / Cardholder is responsible for payment of all transactions made by the Authorized User. In accordance with Federal Law and the USA PATRIOT Act, all financial institutions are required to obtain, verify, record and retain information that identifies every person doing business at or through their institution. In processing your request, we require your legal name, Taxpayer Identification Number (TIN), residential and mailing addresses, date of birth, and any other information that will allow us to identify you. We also require clear and legible photocopies of at least one (1) form of unexpired government issued photo identification from you and the Authorized User(s) on your credit card loan account(s). The identification and information that you and any Authorized Users provide will be verified as part of our loan qualification process, which may include credit and debit bureau inquiries. For more information, please refer to our Credit Card Agreement and Disclosures, available upon request or on our website at ithinkfi.org.

Please send completed form along with copies of your identification to Visa@ithinkfi.org.

P.O. Box 5090 | Boca Raton, FL 33431 | 800.873.5100
ithinkfi.org | visa@ithinkfi.org



FOR CREDIT UNION USE ONLY

Date

Operator

CRM