



I _____ would like to add _____
(Member name) (Authorized user name)

as an authorized user to my Visa Credit Card # _____.

I understand that I am fully responsible for all charges on this account.

Member Signature _____ **Account #** _____ **Date** _____
Email Address _____ **Phone #** _____

I _____ agree to be added as an authorized user to the VISA
(Authorized user name)

credit card listed above.

Authorized User - Please check one of the following and include information

I would like to have this VISA credit card reported on my credit report

I do not want this VISA credit card reported on my credit report

Birth Date _____ **Phone #** _____

Email Address _____

Authorized User Signature _____ **Account #** _____ **Date** _____

The authorization will remain valid until the accountholder or authorized user revokes the authorization by giving written notice of such revocation to the credit union.

Complete form and return to cardservices@truenergyfcu.org or fax to 703-354-0103 with a copy of a valid government-issued ID for both members.