AUTHORIZED USER VISA® CARD REQUEST FORM



2625 Corporate Place, Monterey Park, CA 91754-7645 Mailing Address: P.O. Box 30831, Los Angeles, CA 90030-0831 323-268-1226, 800-222-1226, Fax: 323-269-6607, www.fafcu.org

Member Name and Address:		Daytime Phone Number:		Member Number:		
			Email:		Date:	
Dear Member: To order a card for an <u>authorized user</u> is NOT a r Please issue additional Visa card Card Number 1	nember of F&A, pleas	se include a co _l	turn this form to the	ne Visa De e ID.	partment.	
a- Please Print Name	b- Signature		c- Relation	ship		
d- Authorized User Member Number	e- Birthdate					
Card Number 2						
a- Please Print Name	b- Signature		c- Relation	ship		
d- Authorized User Member Number	e- Birthdate					
Card Number 3						
a- Please Print Name	b- Signature		c- Relation	c- Relationship		
d- Authorized User Member Number	e- Birthdate					
I understand that these cards will be on the account by the above name information on my Visa account or Note: To add a co-borrower, a V	ed cardholder(s). I also nly (i.e. balances, availa	understand tha bility, etc.)				
Member Signature (required):		Date:				
For Credit Union use only:						
Loan Type:		Card Number	Card Number 1)			
		Card Number	2)			
Date / OP#:		Card Number	Card Number 3)			