



PO Box 30831  
Los Angeles, CA 90030-0831  
800-222-1226  
FAFCU.org

## AUTHORIZED USER VISA® CARD REQUEST FORM

Name on Account	Account Number
Street Address	City, State, Zip Code
Daytime Phone Number	Email Address

Dear Member:

To order a card for an authorized user, please complete items a-f and return this form to the Visa® Department.

**If the authorized user is NOT a member of F&A, please include a copy of their picture ID.**

**Please issue additional Visa® cards under the following names:**

### Card Number 1

a- Please Print Name	b- Signature	c-Relationship
d- Authorized User Account Number	e- Birthdate	f- Social Security Number
g- Card Image Name		

### Card Number 2

a- Please Print Name	b- Signature	c-Relationship
d- Authorized User Account Number	e- Birthdate	f- Social Security Number
g- Card Image Name		

### Card Number 3

a- Please Print Name	b- Signature	c-Relationship
d- Authorized User Account Number	e- Birthdate	f- Social Security Number
g- Card Image Name		

I understand that these cards will be issued against my Visa® account, and that I am responsible for any charges placed on the account by the above named cardholder(s). I also understand that the authorized user will be given access to all information on my Visa® account only (i.e. balances, availability, etc.)

**Note: To add a co-borrower, a Visa® application is required.**

Member Signature (required):	Date:
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### For Credit Union use only:

Loan Type:	Card Number 1)
	Card Number 2)
Date / OP#:	Card Number 3)