

Check Card Authorized User Request

<p>Form Instructions</p> <ul style="list-style-type: none"> 1 – Complete all applicable fields 2 – Print completed form 3 – Sign and date the ‘Signature’ section 	<p>4 – Mail to:</p> <p>Delta Community Credit Union ATTN: Card Services Department Dept. 930/ATG or P.O. Box 20541 Atlanta, GA 30320-2541 Or fax to: 404-677-4699</p>
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Primary Member Information

I request an additional Visa Check Card for my Delta Community Credit Union Share ID: _____.

Member Name	Delta Community CU Account Number	Social Security Number
Work/Daytime Phone Number	Email	

Authorized User Information

Authorized User Name	Social Security Number	Relationship to Primary Member	
Date of Birth	Drivers License Number & State	Phone Number	
Address as Appears on License	City	State	Zip
Current Address	City	State	Zip

Has the Authorized User lived at the current address for less than 2 years? _____
If yes, add Previous Address below.

Previous Address	City	State	Zip
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Signatures

Primary Member Signature	Date
Authorized User Signature	Date

Internal Use Only

User ID	Date Processed
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EQUAL HOUSING LENDER

NCUA

This credit union is federally
insured by the National Credit
Union Administration.