## Visa® Credit Card Authorized User Card Request



## Form Instructions

- 1 Complete all applicable fields
- 2 Print completed form
- 3 Sign and date the 'Signature' section
- 4 Include a copy of the Authorized User's valid drivers license or state-issued picture ID

**5 –** Mail to:

Delta Community Credit Union ATTN: Loan Servicing Department

P.O. Box 20541

Atlanta, GA 30320-2541 Or fax to: 470-351-6628

Current Address  City  State  Z  Has the Authorized User lived at the current address for less than 2 years?  If yes, add Previous Address below.		Delta Community CU Visa Account Number Social Security		unity Number
Authorized User Name    Social Security Number   Relationship to Primary Member	ta Community CU Account Number			
Date of Birth Drivers License Number & State Phone Number  Address as Appears on License City State Z  Current Address City State Z  Has the Authorized User lived at the current address for less than 2 years?  f yes, add Previous Address below.  Previous Address City State Z  Signature  authorize Delta Community Credit Union to fulfill my request for an additional Visa card on my a	horized User Information			
Address as Appears on License  City  State  Z  Current Address  City  State  Z  Has the Authorized User lived at the current address for less than 2 years?  f yes, add Previous Address below.  Previous Address  City  State  Z  State  Z  State  Z  Address below.	horized User Name	Social Security Number	Relationship to Prima	ary Member
Current Address  City  State  Z  Has the Authorized User lived at the current address for less than 2 years?  Frevious Address below.  Previous Address  City  State  Z  Signature  authorize Delta Community Credit Union to fulfill my request for an additional Visa card on my and the current address for less than 2 years?  City  State  Z	e of Birth	Drivers License Number & State	Phone Number	
Has the Authorized User lived at the current address for less than 2 years?  If yes, add Previous Address below.  Previous Address  City  State  Z  Signature  authorize Delta Community Credit Union to fulfill my request for an additional Visa card on my a	dress as Appears on License	City	State	Zip
Previous Address below.    City   State   Z	rent Address	City	State	Zip
authorize Delta Community Credit Union to fulfill my request for an additional Visa card on my	s, add Previous Address below.			Zip
	nature			
Primary Member Signature Date	thorize Delta Community Cre	edit Union to fulfill my request for a	an additional Visa car	d on my accoui
	ary Member Signature	Date		
Authorized User Signature Date	orized User Signature	Date		
nternal Use Only				

