

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 – Mail to:

Delta Community Credit Union
ATTN: Loan Servicing Department
P.O. Box 20541
Atlanta, GA 30320-2541
Or fax to: 404-762-7539

Primary Member Information (Applicant)

Member Name

Delta Community CU Visa Account Number

Social Security Number

Delta Community CU Account Number

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

Signature

I authorize Delta Community Credit Union to fulfill my request for an additional Visa card on my account.

Primary Member Signature

Date

Authorized User Signature

Date

Internal Use Only

User ID

Date Processed