

Visa® Debit Card Authorized User 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: Card Services Department
P.O. Box 20541
Atlanta, GA 30320-2541
Or fax to: 404-677-4825

Primary Member Information

I request an additional Visa Debit 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

Signatures

Primary Member Signature

Date

Authorized User Signature

Date

Internal Use Only

User ID

Date Processed