

**Credit Union Use Only**

Primary Name: \_\_\_\_\_

Account #: \_\_\_\_\_

### Visa® Authorized User Form

I, \_\_\_\_\_ **will assume full responsibility for any and all charges on this account made by an authorized user.**  
*(Primary member name - please print)*

Primary Member Signature \_\_\_\_\_ Account Number \_\_\_\_\_ Date \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_ ext. \_\_\_\_\_

Home Phone *(Required)* \_\_\_\_\_ Work Phone *(Required)* \_\_\_\_\_

**What type of Visa card do you have?**     **Classic**     **Platinum**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Card Number

**Please issue an additional card to the following person as an authorized user:**

Authorized User's Name *(Please print)* \_\_\_\_\_ Authorized User's Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth *(MM/DD/YY)* \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date *(MM/DD/YY)* \_\_\_\_\_

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Processed By \_\_\_\_\_ Date \_\_\_\_\_

**MAIL TO:** SkyOne Federal Credit Union  
ATTN: Card Services  
P.O. Box 5003  
Hawthorne, CA 90251-9801

**FAX TO:** SkyOne Federal Credit Union  
ATTN: Card Services  
310.491.7471