



FLORIDA HOSPITAL

Credit Union

VISA CREDIT CARD AUTHORIZED USER REQUEST FORM

IMPORTANT INFORMATION ABOUT ADDING AN AUTHORIZED USER

Before adding an authorized user to your Card Account, you should know:

- You are responsible for all charges made or allowed to the Card Account by the authorized user
- Authorized users may have access to your Card Account information
- Before adding an authorized user, you must let him/her know that we may report Card Account performance to the credit reporting agencies in the authorized users' name

If we ask for information about the authorized user, you must obtain their permission to share their information with us and for us to share it as allowed by applicable law.

I/We hereby certify that I/We will be solely responsible for all usage by my/our designated Authorized User(s) and understand that I am/we are fully responsible for all payments. The credit card and monthly statements will be sent to my/our address that I/we have on file with my/our VISA card # _____. I/We designate the following Authorized User(s) on my/our Card Account with Florida Hospital Credit Union.

Authorized User(s)

(Please print name)

(Date of Birth)

(Social Security Number)

(Please print name)

(Date of Birth)

(Social Security Number)

By signing; using or permitting another to use my/our credit card, I/we agree to be bound by the terms and conditions of the Cardholder Agreement and all amendments.

Cardholder Name (print): _____

Signature: _____

Joint Cardholder Name (print): _____

Signature: _____

Daytime Telephone Number: _____

Notice:

- You may cancel an authorized user card by written notice to the Credit Union.
- The authorized user card must be destroyed or returned to the Credit Union with notice of cancellation.