

VISA AUTHORIZED USER FORM

I request that the following person(s) be issued a credit card as an authorized user(s) on my Visa Credit Card account with Bowater Employees Credit Union.

Name of authorized user:

SSN:

Date of Birth:

Report user's activity to the credit bureau(s)?
(This account will show on Authorized User's credit report)

Yes No

Name of authorized user:

SSN:

Date of Birth:

Report user's activity to the credit bureau(s)?
(This account will show on Authorized User's credit report)

Yes No

I understand that I am liable for ALL purchases made and cash advances received by an authorized user(s) of my credit card account, and all such purchases and cash advances are subject to the terms and conditions of my credit card agreement.

Owner Signature

Date

Print Name

Visa Card Number

Authorized User Signature

Date

Print Name