

## **ADD AUTHORIZED USER FORM**

I would like to add an Authorized User to my credit card account. Please have a card sent in his/her name subject to the terms and conditions of my Credit Card Agreement.

Primary Cardholder Information	
Member Name: Credit Union Account #: Credit Card Account # Contact Phone #: I agree to be responsible for all charges made by the Authorized User listed below.*	
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Primary Cardholder Signature:	Date:
Authorized User Information	
Authorized User Name (Print Clearly):  Social Security #:  Birth Date:	
Authorized User Signature:	Date:

\*The Authorized User card will be sent to the address on the credit card account. Allow two-three weeks for delivery after receipt of your request by the Credit Union.

## **Return Form to:**

Wescom Credit Union 5601 E La Palma Ave Anaheim, CA 92807 Attention: Card Services