

## Credit Card Authorized User Designation

Please complete the form and mail to Tower Federal Credit Union, attention Consumer Lending at P.O. Box 123, Annapolis Junction, MD 20701-0123.

### PRIMARY CARD HOLDER INFORMATION (Primary account holder must be at least 18 years of age.)

NAME OF PRIMARY CARD HOLDER \_\_\_\_\_ MEMBER NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_

I, \_\_\_\_\_, hereby request the following person be added to / deleted from my Tower Federal Credit Union credit card account. I understand that I will be responsible for any transactions on the account by said authorized user(s).

PRIMARY CARD HOLDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### AUTHORIZED USER INFORMATION (Authorized user must be at least 16 years of age.)

Add User

Delete User

Add User

Delete User

**Please note: The authorized user's credit card will be mailed to the primary card holder's address.**

NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

To add/delete additional Authorized Users see reverse side.

#### FOR CREDIT UNION USE ONLY:

Received and Verified by	Teller No.	Branch No.	Date received and sent to Card Services	Sign. Verifications
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**AUTHORIZED USER INFORMATION** (Authorized user must be at least 16 years of age.)

Add User

Delete User

Add User

Delete User

***Please note: The authorized user's credit card will be mailed to the primary card holder's address.***

NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_