



Canal Ponds Business Park
100 Marina Drive • Rochester, New York 14626
(585) 453-7000 • (800) 836-7328
summitfcu.org

The Summit Federal Credit Union Visa Credit Card Authorized User Request Form

An authorized user is not legally responsible for any activity related to this Visa credit card account. A Visa credit card will be printed in the name of the authorized user. However, all transactions will be the responsibility of the account holder(s). The new card should be received by the member within 10 days.

VISA CARDHOLDER'S INFORMATION

Member Name: _____ Member Number: _____

Visa Account Number: _____

Social Security Number: _____

Address: _____

Home Phone: () - _____

Work Phone: () - _____

Visa Cardholder's Signature: _____ Date: _____

AUTHORIZED USER'S INFORMATION

Authorized User's Name: _____

Social Security Number: _____

Address: _____

Home Phone: () - _____

Work Phone: () - _____

Authorized User's Signature: _____ Date: _____

Please review the information for accuracy, sign and return at your earliest convenience.

If you have any questions, please contact our Member Service Center at (585) 453-7030 or (800) 836-7328 extension 7030.

The Summit appreciates the opportunity to serve you.