



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: \_\_\_\_\_
Address: \_\_\_\_\_
Home Phone : \_\_\_\_\_
Work Phone: \_\_\_\_\_

Visa Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AUTHORIZED USER'S INFORMATION

Authorized User's Name: \_\_\_\_\_
Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_
Address: \_\_\_\_\_
Home Phone : \_\_\_\_\_
Work Phone: \_\_\_\_\_

Authorized User's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this form, 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.
2.0116