



NIH Federal Credit Union
P.O. Box 6475
Rockville, MD 20849-6475

NIH Federal Credit Union Application for a Visa Credit Card Authorized User form

Please complete this form if you would like to allow another user on your credit card. The Authorized user information will not be used to determine creditworthiness nor will they share liability for the account.

Primary Card Number: _____ **Limit** _____

Account # _____ **Date** _____

Authorized User 1 Name (Print): _____

Social Security _____ **Date of Birth** _____

Signature _____ **Date** _____

Authorized User 2 Name (Print): _____

Social Security _____ **Date of Birth** _____

Signature _____ **Date** _____

Authorized User 3 Name (Print): _____

Social Security _____ **Date of Birth** _____

Signature _____ **Date** _____

Primary card holder agrees to be solely responsible for all transactions the authorized user makes on your account

Primary Members Name _____ **Signature** _____

NIHFCU INTERNAL USE ONLY

Branch #	Employee's Name	Employee's Initials	Date Received