

## Credit Card Authorized User Form (Add/Remove)

Adding an authorized user is a perfect way to share the benefits of your SF Fire Platinum Visa® credit card. Authorized users have full use of and access to the credit card account. However, they do not have the authority to add or delete cardholders, request replacement cards, or terminate/modify the existing card agreement. To process your request to add an authorized user, please provide the information requested below and return this form to us by:

Mail: 3201 California Street, San Francisco, CA 94118 | Fax: 415.674.4680

Important Information SF Fire Credit Union is required, by federal law, to obtain, verify, and record information that identifies each person opening or having access to a SF Fire Account. I understand that you will ask for my legal name, residential address, Social Security Number (SSN), Phone Number, and Date of Birth.

Minimum age to become an authorized user: must be 16 years of age at time of request.

Add an Authorized User (Required Information) In order for an individual to be named on this account in any capacity they must provide picture identification and documentation reflecting the individual's current residential address. Please submit one of following valid forms of identification: • Driver's License • US Social Security Card/ITIN • Passport • US Military ID • US Work Visa • Other Government Issued picture ID (2nd ID always required) • Voter ID • Birth Certificate • Utility bill (for residential address verification only). SF Fire Credit Union reserves the right to request additional identification.

Remove an Authorized User: Signature from Authorized User is not required. Please destroy the Authorized User's card.

## **AUTHORIZED USER(S)**

		7.011101112	LD OSEK(S)		
	Full Name	Current Address	Social Security #	Date of Birth	Relationship
Add					
Remove					
Add					
Remove					
Add Remove					
Kemove					
Add					
Remove					
* Authorized User's signature is not required for removal					
Authorized User 1 Signature:					
Authorized User 2 Signature:					
Authorized User 3 Signature:					
Authorized User 4 Signature:					
CARDHOLDER INFORMATION					
I represent that I am the named account holder and authorize SF Fire Credit Union to add the above listed person(s) as					
an authorized user(s) on the account referenced below.					
Signature of Cardholder			Date		
Date Date					
Crodit Ca	urd Numbor		Member Number		
Credit Card Number Member Number					
Internal Use Only: (For Adding Authorized User)					
Verify <b>ALL</b> parties (borrower and authorized user) are in good standing with SF Fire Credit Union? YES NO					
Obtain copy of Authorized Users ID (non-members only)? YES NO OFAC ran on Authorized User (non-members only)? YES NO Employee Signature:					
Received: Processed By: Received: Processed By:					
Documentation Used to Verify Authorized User 1:			Documentation Used to Verify Authorized User 2:		
ID Type 1: _	#	Exp:	ID Type 1:	#	Exp:
ID Type 2: _	#	Exp:	ID Type 2:	#	Exp:
Add'l Documentation			Add'l Documentation		