



Add/Delete an Authorized User Form

Credit cards and statements will be mailed to the primary card holder's address

Last four digits of credit card: _____

I Wish to:

Add an Authorized User

Delete an Authorized User

Member Information

Member Name	Contact Phone #
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Authorized User Information

Name	
Address	Home Phone #
City/State/Zip	Business Phone #
Social Security Number	Date of Birth

By using this card, I have agreed to accept the terms and conditions of the Credit Card Agreement

Member Signature

Date

Please sign and mail or fax to: Verity Credit Union PO BOX 75974 Seattle WA, 98175-0974, Fax (206) 361-5300