



Dear Member:

In order to process your request to add an authorized signor on your Credit Union 1 credit card account, please complete the authorization form below and return it to:

Credit Union 1
Cards Department
PO Box 100
Rantoul, IL 61866

AUTHORIZED SIGNER REQUEST FORM

Date _____

Credit Union 1 Account Number _____

Credit Card number _____

Member Name _____
(Please Print name of existing account / cardholder)

I hereby authorize Credit Union 1 to issue an additional card on my account
in the name of _____
(Please Print name of authorized signer)

He / she will be entitled to use this credit card for all normal transactions
which includes purchases, cash advances, automated teller machine
withdrawals and merchandise returns and credits

I understand that I alone am liable for all purchases and balances on this card

Authorized User Signature _____

Member Signature _____