CreditUnion1
200 E. Champaign Avenue
Rantoul, IL 61866
(800) 252-6950
e-mail: cards@creditunion1.org

Authorized User Form

Date:

Credit Card #

I, (please print) _____ , do hereby authorize Credit Union 1 to add (please print) _____ as an authorized user on my Visa credit card. I understand that I am financially responsible for all purchases and the balance on the credit card.

Authorized User Date of Birth:

Authorized User Social Security number:

☐ I request that you send a credit card to the Authorized User in name printed above.

Member's Signature: _____

Authorized User Signature: _____