

VISA® AUTHORIZED USER AUTHORIZATION & AGREEMENT



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Sycamore, IL 60178
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www.myICCU.org

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As an ICCU Platinum/Platinum Plus cardholder, you're already taking advantage of our competitively low interest rates and the convenience of making purchases nearly anywhere, anytime. Now add the authorized user of your choice to extend those same benefits to those you can't live without!

| CARDHOLDER INFORMATION | | | |
|--|---------|--|-----------|
| Member Name: | | SSN/TIN: | |
| ICCU Member #: | | Card Type: Essentials <input type="checkbox"/> Preferred Plus <input type="checkbox"/> | |
| AUTHORIZED USER INFORMATION | | | |
| Request Type (Check One): <input type="checkbox"/> Add Authorized User <input type="checkbox"/> Remove Authorized User | | | |
| IDENTIFYING INFORMATION | | | |
| First: | Middle: | | Last: |
| SSN/TIN: | | Date Of Birth: | |
| ADDRESS INFORMATION | | | |
| Street: | | | |
| City: | State: | | Zip Code: |
| Does The Authorized User Require a Card (Select One)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

TERMS & CONDITIONS: I understand that the Authorized User will have full access to the account referenced above. Illinois Community Credit Union (ICCU) personnel can discuss the account with the Authorized User, and the Authorized User will receive a card in their name and can make purchases and cash advances on this account. Furthermore, the Primary and Secondary account holder, if applicable, acknowledges that an Authorized User is not responsible for repayment on this account. I acknowledge that my terms and agreement will in no way change by adding an Authorized User to my ICCU Visa® Credit Card. A new credit card number will be assigned when removing an Authorized User. Illinois Community Credit Union chooses to report Authorized Users on Visa® Credit Cards to credit reporting agencies. You must notify ICCU in writing of any termination of an Authorized User's right to access your account. Your notice must include the name of the Authorized User and your account number and/or any sub-account number issued to the Authorized User along with the Authorized User's card and any convenience or other access checks issued to the Authorized User.

Primary Cardholder's Signature: _____ **Date:** _____

Authorized User Signature: _____ **Date:** _____

| | | | | |
|------------------------|---------------|------------|------------|-------|
| Office Use Only | _____ | _____ | _____ | _____ |
| | Employee Name | CU*Base ID | Member SSN | Date |