



CONSUMER CREDIT CARD AUTHORIZED USER

I hereby authorize Members Choice Credit Union to

add delete

the individual(s) listed below as an authorized user(s) on the credit card account listed below. This authority is to remain in full force and effect until Members Choice Credit Union has received written notification from me of its termination in such time and in such manner to afford Members Choice Credit Union reasonable opportunity to act on it.

By signing below, I understand the terms and conditions of having an authorized user on my credit card account and that this will remain in effect until I have terminated these privileges from the authorized user. I understand that all the terms and conditions set forth in the credit card agreement provided to me also apply to the authorized user on this card and that they have my authorization to use this card with all the rights and privileges that pertain to the cardholder.

Member Account Number: _____ APP ID: _____

Primary Cardholder: _____ Date: _____
Signature

Authorized User: _____	SSN # _____	DOB _____
Authorized User: _____	SSN # _____	DOB _____
Authorized User: _____	SSN # _____	DOB _____
Authorized User: _____	SSN # _____	DOB _____
Authorized User: _____	SSN # _____	DOB _____

-----For Credit Union Use Only-----

- Instant issue (primary must be present) Mail to primary card holder address on file
- No plastic issued

ATTENTION: CARD SERVICES DEPARTMENT

cardservices@mccu.com