



VISA® Credit Card - Add Authorized User Form

I/We _____, designate the following as Authorized User(s) on my/our VISA® account with Utica District Telephone EFCU. I/We hereby certify that I/we will be solely responsible for all usage by my/our Authorized User(s) and understand that I/we are fully responsible for all payments. The credit card and monthly statements will be sent to my/our address on file with my/our current VISA® card.

Authorized User(s):

(Please print name)

(Social Security number)

(Date of birth)

(Please print name)

(Social Security number)

(Date of birth)

Cardholder Name (Please print): _____

Signature: _____ Date: _____

Joint Cardholder Name (Please print): _____

Signature: _____ Date: _____

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