

Credit Card Authorized User Application

Name of Account Holder	
Card or Account Number	

Authorized User Information

First and Last Name	
Street Address	
City, State Zip	
Date of Birth	
Social Security Number	
Mobile Phone #	
Mother's Maiden Name	
Email address	
Name of Employer	

I _______(account holder) understand that by adding an authorized user to my credit card account that I am authorizing the said user to use a credit card for which I, the account holder, am the responsible party. As the responsible party, I understand that I will be billed for any charges made to the account by the authorized user. To revoke the authorized user's use of the credit card, I will contact the Department of Labor FCU.

Account Holder Signature

Date