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CREDIT CARD AUTHORIZED USER APPLICATION

Please complete the following information to add an Authorized User to your SoundView Financial Credit Union VISA® credit card.

Member Name * _____

Account Number _____ Credit Card Number _____

Residential Street Address (No Post Office Boxes) _____

Mailing Address (If different from above) _____

Social Security Number _____ Date of Birth _____

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Email Address _____

Member Signature * _____ **Date** _____

Authorized User Name * _____ **Relationship** _____

Residential Street Address (No Post Office Boxes) _____

Mailing Address (If different from above) _____

Social Security Number _____ Date of Birth _____

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Email Address _____

Authorized User Signature * _____ **Date** _____

***LIABILITY:** Authorized Users must be at least 16 years old. The Member is responsible for payment of all transactions made by the Authorized User. In accordance with Federal Law and the USA Patriot Act, all financial institutions are required to obtain, verify, record and retain information that identifies every person doing business at or through their institution. In processing your request, we require your legal name, Taxpayer Identification Number (TIN), residential and mailing addresses, date of birth and any other information that will allow us to identify you. We also require clear and legible photocopies of at least one (1) form of unexpired government issued photo identification from you and the Authorized User(s) on your credit card loan. The identification and information that you and any Authorized Users provide will be verified as part of our loan qualification process, which may include credit bureau inquiries. For more information, please refer to our Visa Platinum/Visa Classic Consumer Credit Card Agreement, available upon request.

Please return the signed and completed application along with copies of both of your identifications to any SVFCU branch.

For Credit Union Use Only: Card Ordered Date _____ Initials _____ OFAC Check Complete _____