



7800 E. Imperial Highway
Downey, CA 90242
800.950.7328 | FPCU.org

Credit Card
Authorized User Form

Financial Partners Member Number: _____

Primary Cardholder Name (Printed): _____

Authorized User Information (Please Print):

Required:

Authorized User Name: _____

Social Security Number: _____ Date of Birth: _____

Mother's Maiden Name: _____

Mobile Phone Number: _____ Alt Phone Number: _____

Email: _____

ACKNOWLEDGEMENTS

I, the Borrower(s), and any Authorized User(s), agree to accept full responsibility for the use of the card in accordance with the original terms and conditions of the MasterCard® Disclosure Statement and Agreement I received with my Card(s) and any additional Federal and State Disclosures provided subsequent to that time.

I hereby authorize Financial Partners Credit Union to issue additional MasterCard®(s) on my account to the individual(s) named above. I understand a card will be issued only if my account is active and has a current (i.e. good standing) status. I understand I may cancel or remove an authorized user by written notice to the Credit Union without consent or prior notice to the authorized user. I understand that an inaccurate or incomplete Form may delay the processing of this request.

x _____
Primary Cardholder Signature Date

INTERNAL USE ONLY

Documentation Used to Verify Member:

ID Type 1: _____ # _____ Exp: _____

Card Image (Circle One):

Standard Apache Collage C-17 Front C-17 Line Mixed Collage Space Shuttle

Received By: _____ Card Ordered By: _____