Visa® Authorized User Checklist

To speed the processing of your application, please follow these steps:

1. Complete the Visa Authorized User Application in its entirety. Incomplete or unsigned applications will delay processing of your request.

2. Be sure all signatures are complete including borrower, authorized user(s), and co-borrower (if applicable). Incomplete or unsigned applications will delay the process.

3. If adding an Authorized User who is not currently a DCU Member, required identification must be provided.

4. Send your completed form to DCU by one of the following ways:
   a. Fax to Loan Services at 508.463.1344
   b. At any branch location
   c. Mail your completed form to:

   Digital Federal Credit Union
   Loan Services
   220 Donald Lynch Boulevard
   PO Box 9130
   Marlborough, MA 01752-9130

What you can expect

Once you mail your application...

- We may contact you if additional information is needed.
- If your request is approved, we will add the Authorized User(s) within 2 business days of receiving your complete application.
- Allow approximately up to 7-10 days to receive your new Visa card(s).
Request to Add Visa® Authorized User(s)

IMPORTANT INFORMATION: DCU is required, by federal law, to obtain, verify, and record information that identifies each person opening or having access to a DCU Account. DCU will ask you for the legal name, residential address, Social Security Number (SSN), phone number, and date of birth of authorized user(s) being added to your Visa account.

REQUIRED IDENTIFICATION: No individual can be named on this account in any capacity without having provided the following current identification, one of which must include a picture and one of which must reflect the individual’s current residential address as given. If one of these forms of identification includes both, you need only submit that one:

- Valid US Driver’s License
- US Military ID
- Utility Billing Statement (for residential address verification only)
- Other Government Issued picture ID (2nd ID always required)

DCU reserves the right to request additional identification.

DCU Member # (Borrower's): ________________________________

Borrower’s Legal Name ________________________________ Social Security # __________________

U.S. Residential Address ________________________________

Authorized User I (PLEASE PRINT):
If you are already a DCU member, you may not be required to provide the REQUIRED IDENTIFICATION listed above.

Legal Name ________________________________
DCU Member # (if applicable) ________________________________
U.S. Residential Address ________________________________
City, State, Zip ________________________________
SSN ___________ Date of Birth ___________

Authorized User II (PLEASE PRINT):
If you are already a DCU member, you may not be required to provide the REQUIRED IDENTIFICATION listed above.

Legal Name ________________________________
DCU Member # (if applicable) ________________________________
U.S. Residential Address ________________________________
City, State, Zip ________________________________
SSN ___________ Date of Birth ___________
Request to Add Visa® Authorized User(s)

By signing below, the Borrower and each Authorized User(s) agree to the following:

- **Borrower and Authorized User(s):** You both agree to accept full responsibility for the use of the Visa Account and Card in accordance with the terms and conditions set forth in DCU’s Visa Credit Card Agreement.

- **Borrower:** You authorize each Authorized User to use your Visa Account to the same extent you can, and you will be responsible for any use of your Visa Account by an Authorized User or anyone else that you or an Authorized User permit to use your Visa Account, in accordance with DCU’s Visa Credit Card Agreement. You also authorize DCU to issue card(s) on your Visa Account to each Authorized User named above. In addition, you understand that Authorized User(s) may have access to your Visa Account information, including payment and transaction history. If we ask for information about an Authorized User, you agree to and must obtain their permission to share their information with DCU and for DCU to share it as allowed by applicable law.

- **Authorized User(s):** You agree to provide DCU with your legal name, residential address, Social Security Number (SSN), phone number, date of birth, the required identification set forth above (if required by DCU), and any additional information required by DCU. You understand that DCU may report information about the Visa Account to credit bureaus under your name. Late payments, missed payments, or other defaults on the Visa Account may be reflected in your credit report.

Borrower Signature     Date  Co Borrower Signature     Date

Authorized User I Signature     Date  Authorized User II Signature     Date

INTERNAL USE ONLY

Rec’d: ___ / __ / ______  Processed By: ___________

Documentation Used to Verify Authorized User I:
ID Type: ____________ # ____________ Exp: ____________
Add’l Documentation: ________________________________

Documentation Used to Verify Authorized User II:
ID Type: ____________ # ____________ Exp: ____________
Add’l Documentation: ________________________________