

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

1. Complete the Visa Authorized User Application in its entirety. Incomplete or unsigned application 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. Mail your completed form to:

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

Or, you can fax your application to Account Services at 866.874.7820.

## What you can expect

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Once you mail your application...

- Your request will be completed within 2 business days of receiving your application.
- Allow approximately 2 weeks to receive your new Visa cards.



Digital Federal Credit Union • 220 Donald Lynch Blvd • PO Box 9130 • Marlborough, MA 01752-9130  
508.263.6700 • 800.328.8797 • dcu.org • dcu@dcu.org

**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. I understand that you will ask for my legal name, residential address, Social Security Number (SSN), Phone Number, and Date of Birth.

**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, I need only submit that one: • US Driver's License • US Social Security Card • Passport • US Military ID • US Work Visa • Other Government Issued picture ID (2nd ID always required) • Utility bill (for residential address verification only). DCU reserves the right to request additional identification.

DCU Member # (Borrower's): \_\_\_\_\_

Prime Owner's Legal Name \_\_\_\_\_ Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential Address \_\_\_\_\_

**Authorized User I (PLEASE PRINT):** **Authorized User II (PLEASE PRINT):**

If I am already a DCU member, I am not required to provide the **REQUIRED IDENTIFICATION** but must fill in my Legal Name, DCU Member Number, and SSN.

If I am already a DCU member, I am not required to provide the **REQUIRED IDENTIFICATION** but must fill in my Legal Name, DCU Member Number, and SSN.

Legal Name \_\_\_\_\_

Legal Name \_\_\_\_\_

DCU Member No (if applicable) \_\_\_\_\_

DCU Member No (if applicable) \_\_\_\_\_

SSN(ITIN not acceptable) \_\_\_\_\_

SSN(ITIN not acceptable) \_\_\_\_\_

Residential Address \_\_\_\_\_

Residential Address \_\_\_\_\_

Phone \_\_\_\_\_ DOB \_\_\_\_\_

Phone \_\_\_\_\_ DOB \_\_\_\_\_

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

In addition, by signing below the Authorized User(s) authorizes you to gather and exchange whatever credit, checking account, and employment information you consider appropriate from time to time and agrees that this is a loan to which the Authorized User(s) has access and may be considered liable for any outstanding balance on this account should the Borrower default. Should this become necessary, unlimited access to the account payment and transaction history will be available to the Authorized User(s) upon request.

I hereby authorize Digital Federal Credit Union (DCU) to issue additional Visa Card(s) on my account to the individual(s) named above.

Borrower Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Borrower Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized User I. Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized User II. Signature \_\_\_\_\_ Date \_\_\_\_\_

INTERNAL USE ONLY	
Received: ____/____/____	Processed By: _____
Documentation Used to Verify Authorized User I:	Documentation Used to Verify Authorized User II:
ID Type: _____ # _____ Exp: ____/____/____	ID Type: _____ # _____ Exp: ____/____/____
Add'l Documentation _____	Add'l Documentation _____

