

Authorized User Information

Authorized User: By signing below, you acknowledge that by becoming an Authorized User, the monthly performance of this Visa Credit Card loan will be reported in the authorized users name to all three credit bureaus (Experian, Transunion, and Equifax). Depending on the account status, it could affect your credit in a positive or negative manner.

Authorized User's Signature _____

Type or Print Authorized User's Name _____

Date of Birth _____

Social Security Number _____

Physical Address (Street, City, State, Zip Code) _____

Borrower: By signing this request, the above person will be issued a credit card as an authorized user of your credit card account with APCO Employees Credit Union. As the account owner, you understand that you are liable for **ALL** purchases made and cash advances received by an authorized user(s) of your credit card account. The account performance will be reported in all the account holders' and authorized users' names to all three credit bureaus (Experian, Transunion, and Equifax).

Borrower's Signature _____ Date _____

Type or Print Borrower's Name _____ Member Number _____

Internal Use Only

Obtain copy of Authorized User's ID? YES or NO

OFAC check on Authorized User? YES or NO

Employee Signature _____