1630 King Street
Alexandria, Virginia 22314-2745
703-706-5000 · Fax 703-706-5117

Credit Card Authorized User Application

Date _____
Name _____
SDFCU Member Account # _____
Best Phone # to contact _____
Email Address _____

SECTION I - REQUIRED

Names of those to be issued cards on my Credit Card account number (last four digits) _____

1. _____
(Print name as it should appear on the card)

2. _____
(Print name as it should appear on the card)

SECTION II – REQUIRED IF AUTHORIZED USER IS A NON-MEMBER OF SDFCU

The U.S. Patriot Act and other financial regulations now require State Department Federal Credit Union (SDFCU) to obtain additional information from all non-members that have access to SDFCU accounts. ***SDFCU will not allow non-members access to an account until the information below is provided and verified in accordance with the appropriate regulations.***

Name	Date of Birth	SSN/TIN
Address 1	Address 2	
City	State / Zip	Phone

Name	Date of Birth	SSN/TIN
Address 1	Address 2	
City	State / Zip	Phone

SECTION III - REQUIRED

I understand that I am financially responsible for the use of the Card (s) by the above named authorized user (s). I agree to pay SDFCU for the credit extended pursuant to the use of the Card (s) by me or any person to whom I give express, implied or apparent authority (including minor children), together with all applicable finance charges and other charges, and in accordance with the terms of the Credit Agreement and Truth in Lending Disclosure.

_____ _____ _____
Card Owner Signature **Authorized User Signature** **Authorized User Signature**