

**Request For Additional Credit Card Signers**

\_\_\_\_\_ (Name of Church or Organization) approves the following person to be an authorized user/signer on the VISA account held at United Methodist Federal Credit Union.

As an authorized signer/user on the VISA account, you will be bound by the terms and conditions of the United Methodist Federal Credit Union Agreement entitled VISA Card Agreement and Federal Truth-In-Lending Disclosure Statement.

Authorized User/signer name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License # \_\_\_\_\_ /state \_\_\_\_\_

Daytime telephone # ( \_\_\_\_\_ ) \_\_\_\_\_ Evening telephone # ( \_\_\_\_\_ ) \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Limit amount: \$ \_\_\_\_\_

The above named individual is hereby approved to be an authorized user/signer on our corporate United Methodist Federal Credit Union VISA account. This authorization is approved by: (Must be approved by authorized corporate or church signer).

**Account#** \_\_\_\_\_

\_\_\_\_\_  
Authorized by (Name, title and signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized by (Name, title and signature)

\_\_\_\_\_  
Date