



Credit Card Authorized User Request

Please provide the primary/joint cardholder's information.

Name: _____

Account Number: _____

Credit Card Number: _____

Relationship to credit card: Primary Joint Authorized User

Identify the request below. Select only one.

Add authorized user(s)
The primary or joint cardholder may add an authorized user to the account. Name should consist of 26 characters and no special characters (" , # , @ , etc.).

Name: _____ SSN: _____ Date of Birth: _____

Name: _____ SSN: _____ Date of Birth: _____

Name: _____ SSN: _____ Date of Birth: _____

Remove authorized user(s)
The primary or any joint cardholder may remove an authorized user(s) and is responsible to retrieve the card to ensure no further use. Authorized users may remove themselves only from the credit card.

Name: _____ SSN: _____ Date of Birth: _____

Name: _____ SSN: _____ Date of Birth: _____

Name: _____ SSN: _____ Date of Birth: _____

I request to add/remove the above as an authorized user(s) on the credit card referenced.

Signature

Date

Please send form to:
Fax: (210) 476-4651
Email: ssfcu@ssfcu.org
Mail: Security Service Federal Credit Union
Attn: Payment Services
PO Box 691510
San Antonio, TX 78269