



## Credit Card Authorized User

### Member Information

Member Number: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

Primary Card Holder Name: \_\_\_\_\_

### Authorized User(s) Information

Please circle one

Add User

Remove User

Legal Full Name: \_\_\_\_\_ Full Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Legal Full Name: \_\_\_\_\_ Full Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Legal Full Name: \_\_\_\_\_ Full Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I, the Borrower(s), agree to accept full responsibility for the use of the Card in accordance with the terms and conditions of the Disclosure Statement and Agreement I received with my original Card(s) and any Additional Federal and State Disclosures provided since that time. I hereby authorize Smart Financial Credit Union to issue additional credit card(s) on my account to the individual(s) named above. I understand a Card will be issued only if my account is not over-limit or past due.

In addition, by signing below the Authorized User(s) is aware that only inquiries and transactions may be performed. The Authorized User(s) is not considered liable for any outstanding balance on this account should the Borrower default. The Authorized User(s) does not have access to the account payment and transaction history. When you allow the Authorized User(s) to use your Card, you, the Borrower(s), will be liable for all credit extended to such persons. You promise to pay for all purchases, balance transfers and cash advances made by the Authorized User(s). If you want to end the Authorized User(s) privilege, you must notify us immediately and you must return the Card for it to be effective. If you are unable to acquire the Authorized User(s) card you are responsible for the cancellation of that card number and the issuance of a new card number.

\_\_\_\_\_  
Primary Cardholder Signature required

\_\_\_\_\_  
Date

