



7901 Sandy Spring Rd.
 Laurel, MD 20707-3589
 301-497-7000 | 800-787-8328
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 towerfcu.org

Credit Card Authorized User Designation

Please complete the form and mail to Tower Federal Credit Union, attention Consumer Lending at P.O. Box 123, Annapolis Junction, MD 20701-0123.

PRIMARY CARD HOLDER INFORMATION (Primary account holder must be at least 18 years of age.)

NAME OF PRIMARY CARD HOLDER _____ MEMBER NUMBER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

MOBILE PHONE _____ EMAIL ADDRESS _____

CREDIT CARD NUMBER _____

I, _____, hereby request the following person be added to / deleted from my Tower Federal Credit Union credit card account. I understand that I will be responsible for any transactions on the account by said authorized user(s).

PRIMARY CARD HOLDER SIGNATURE _____ DATE _____

AUTHORIZED USER INFORMATION (Authorized user must be at least 16 years of age.)

Add User Delete User Add User Delete User

Please note: The authorized user's credit card will be mailed to the primary card holder's address.

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
HOME PHONE _____	HOME PHONE _____
WORK PHONE _____	WORK PHONE _____
MOBILE PHONE _____	MOBILE PHONE _____
EMAIL ADDRESS _____	EMAIL ADDRESS _____
SSN _____ DOB ____/____/____	SSN _____ DOB ____/____/____

To add/delete additional Authorized Users see reverse side.

FOR CREDIT UNION USE ONLY:

Received and Verified by	Teller No.	Branch No.	Date received and sent to Card Services	Sign. Verifications
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AUTHORIZED USER INFORMATION (Authorized user must be at least 16 years of age.)

Add User

Delete User

Add User

Delete User

Please note: The authorized user's credit card will be mailed to the primary card holder's address.

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ HOME PHONE _____

WORK PHONE _____ WORK PHONE _____

MOBILE PHONE _____ MOBILE PHONE _____

EMAIL ADDRESS _____ EMAIL ADDRESS _____

SSN _____ DOB ____/____/____ SSN _____ DOB ____/____/____