



## 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

Provide the following information for the authorized user.

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Identify the request below. Select only one.

Add an authorized user

*The primary or joint cardholder may add an authorized user to the account.*

I request to add the above as an authorized user on the credit card referenced.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Remove an authorized user

*The primary or any joint cardholder may remove an authorized user.*

*Authorized users may remove themselves only from the credit card.*

I request to remove the above as an authorized user on the credit card referenced.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please send form to:**

**Fax:** (210) 476-4651

**Email:** [ssfcu@ssfcu.org](mailto:ssfcu@ssfcu.org)

**Mail:** Security Service Federal Credit Union

Attn: Payment Services

PO Box 691510

San Antonio, TX 78269