Submit

BrightStar CREDIT UNION®

P.O.Box 8966
Fort Lauderdale, FL 33310-8966

CREDIT CARD AUTHORIZED USER REQUEST FORM

Please select one of the options below:

☐ **No authorized user on my credit card account**

☐ **Remove authorized user from my credit card account** (**A new credit card number will be issued)**

☐ **Add an authorized user to my credit card account**

I hereby request an additional credit card be issued to the person named below on the credit card account shown below. Further, I acknowledge that the named person has been authorized to access my credit line with BrightStar Credit Union. I confirm that I understand that I will be responsible for any obligations incurred through the use of the credit card account by such person.

Name of authorized user to be removed or added:

Member number:

Credit card account number:

Member name:

X _____ DATE

MEMBER SIGNATURE

☐ **For electronic signing only**
By initialing here you acknowledge receipt of this disclosure.

Submit

APP #