



# VISA Authorized User Request

**MAIL TO:** JOHNS HOPKINS FEDERAL CREDIT UNION, 2027 E. MONUMENT ST., BALTIMORE, MD 21205

**FAX TO:** 410-342-1161

**BRING TO:** ANY OF OUR BRANCH LOCATIONS

**EAST BALTIMORE BRANCH**

2027 E. MONUMENT ST.  
BALTIMORE, MD 21205

**HOMWOOD BRANCH**

4 E. 33RD ST.  
BALTIMORE, MD 21218

**BAYVIEW BRANCH**

5201 ALPHA COMMONS DR.  
BALTIMORE, MD 21224

**LIABILITY: Authorized Users must be at least 18 years of age.** The Member/VISA Cardholder is responsible for payment of ALL transactions made by the Authorized User(s). In accordance with Federal Law and the USA PATRIOT ACT, all financial institutions are required to obtain, verify, record, and retain information that identified every person doing business at or through their institution. In processing your request, we require your legal name, tax identification number, mailing addresses, date of birth, and any other information that will allow us to identify you. We also require clear and legible copies of at least one (1) form of unexpired government issued photo identification from you and the Authorized User(s) on your VISA Credit Card(s). The information that you and any Authorized Users have provided will be verified as part of our loan qualification process, which may include a credit bureau inquiry. For more information, please refer to our VISA Credit Card disclosures and agreements.

**MEMBER/CARDHOLDER INFORMATION:**

Member/Cardholder Name (First, Middle Initial, Last):

Address:

Email Address:

City:

State:

Zip Code:

Primary Telephone:

Cell Telephone:

Work Telephone:

**My JHFCU account number is: \_\_\_\_\_ . I do hereby authorize the following person to be issued and use a VISA Credit Card on my Johns Hopkins Federal Credit Union VISA Credit Card account.**

**AUTHORIZED USER INFORMATION:**

Authorized User Name (First, Middle Initial, Last):

Relationship to Cardholder:

Social Security Number (Required):

Date of Birth (MM/DD/YY):

Address (No Post Office Boxes):

Email Address:

City:

State:

Zip Code:

Primary Telephone:

Cell Telephone:

Work Telephone:

**Authorized User's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**By signing below, I am stating that I understand that I am financially responsible for the use of the Card by the above named authorized user. I agree to pay JHFCU for the credit extended pursuant to the use of the Card(s) by me or any person whom I give express, implied, or apparent authority, together with all applicable finance charges and any other charges in accordance with the VISA Credit Card Disclosure and Agreements.**

**Member/Cardholder Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CREDIT UNION USE ONLY:**

Employee/Teller ID:

Date Processed: