

Visa® Debit Card Authorized User Request



Form Instructions:

- 1 — Complete all applicable fields
- 2 — Print completed form
- 3 — Sign and date the 'Signature' section

4 — Print and mail the completed form to:

Delta Community Credit Union
ATTN: Card Services Department
P.O. Box 20541
Atlanta, GA 30320-2541
or fax to: 404-677-4825

Primary Member Information

I request an additional Visa Debit Card for my Delta Community Credit Union Share ID: _____

Member Name

Delta Community Account Number

Social Security Number

Work/Daytime Phone Number

Email

Authorization User Information

Authorized User Name

Social Security Number

Relationship to Primary Member

Date of Birth

Driver's License Number, State & Expiration Date

Phone Number

Email

Address as it Appears on License

City

State

Zip

Current Address

City

State

Zip

Has the Authorized User lived at the current address for less than 2 years? Yes No

If yes, add Previous Address

Previous Address

City

State

Zip

Signatures

Primary Member Signature

Date

Authorized User Signature

Date

Internal Use Only

User ID

Date Processed

