

PEFCU Visa Credit Card Authorized Signer Card Request

Account No: _____

Date: _____

I/We are requesting, _____ to be an Authorized Signer on my/our Visa Credit Card.

Please initial each line:

_____ I/We understand and agree that by signing this request, the above named Authorized Signer will be issued a Visa Credit Card in their name.

_____ I/We understand and agree that I/We will be liable for all credit extended to the Authorized Signer.

_____ I/We promise to pay for all purchases and advances made by such person.

_____ I/We understand that the Authorized Signer will be able to block his/her card and can dispute transactions.

_____ I/We understand PEFCU associates can/will discuss the Visa Credit Card account with the Authorized Signer.

_____ I/We understand that the requested Authorized Signer must be at least 14 years of age.

_____ I/We understand that to revoke/end the Authorized Signer's card privileges, I/We must notify Publix Employees Federal Credit Union (PEFCU) in writing.

Required Signatures

Primary Member: _____
Printed Name Signature

Joint Owner: _____
(If applicable) Printed Name Signature

Authorized Signer Verification Information and Signature (Required)

Authorized Signer: _____
Printed Name Signature

DOB ___/___/___ SSN _____ Mother's Maiden Name _____

Home Phone _____ Cell Phone _____

Internal Use Only:

Is Authorized Signer a PEFCU Member? Yes or No

Employee Initial/Teller No: _____ Date _____