



411 Theodore Fremd Ave • Suite 350 • Rye, NY 10580 • 800.431.2754 • USALLIANCE.ORG

<h2>CREDIT CARD AUTHORIZED USER</h2>

Member number: _____

Card number: _____

By signing below, I/we authorize _____ the use of my credit card account. If this is a jointly held credit card, both cardholders' signatures are required.

I/we realize and accept the responsibility for the payment of any and all charges incurred by the authorized user. I/we further understand the authorized user is not liable for any charges made on the account. Additionally, authorized user information is not reported to any of the major credit bureaus.

A card in the name of the authorized user will be mailed to the primary cardholder's address on file.

I hereby certify that the authorized user I am requesting to add is at least 16 years of age. As the Primary and/or Joint Account Holder, I confirm that any added user fulfills this age requirement, and I/we accept responsibility for all transactions conducted by such user.

Primary owner's printed name

Joint owner's printed name

Signature

Signature

EFT Use Only: System maintenance by: _____ Date completed: _____
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