



## Mastercard Authorized User Form

Please complete this form and send it to us via fax at 240-747-3376; email to [cardservices@lfcu.org](mailto:cardservices@lfcu.org); drop it off at any Lafayette Federal branch location; or mail it to 2701 Tower Oaks Boulevard, Rockville, MD 20852, Attention: Card Services Department.

Authorized users have full use of and access to the credit card account. However, they do not have the authority to add or delete cardholders, request replacement cards, or terminate/modify the existing card agreement. To process your request to add an authorized user, please provide the information requested below and return this form and **valid photo identification** (state issued driver's license, passport, or military identification) of the authorized user.

### Authorized User(s)

1.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

By signing below, I understand and agree that in the event of the death of the member cardholder(s), the additional card assigned to me is no longer valid. Any subsequent charges incurred by me, including recurring charges and charges made without the use of the card, become my responsibility to repay.

Authorized User 1 Signature: \_\_\_\_\_

Authorized User 2 Signature: \_\_\_\_\_

### Cardholder Information

I represent that I (*account holder name*) \_\_\_\_\_ am the named account holder and authorize Lafayette Federal Credit Union to add the above listed person(s) as an authorized user(s) on the account referenced below.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Account Number: \_\_\_\_\_