



FOR INTERNAL USE ONLY
Date completed _____ Initials _____

VISA CHANGE REQUEST

Account # _____

Visa Card # _____

Date: _____

Select which options apply:

Add an Authorized User

Remove an Authorized User

I/we hereby direct Abound Federal Credit Union to add or remove the following individual as an authorized user to the above Visa card number.

Authorized Username: _____ Date of Birth: _____

Address: _____ Social Security Number: _____

I/we understand that as an authorized user, the above-named person will be able to conduct transactions on my/our Visa card. I/we also acknowledge that all responsibility for repayment of these transactions will be retained as I/we are the responsible party(s) on this account.

I/we understand when removing an authorized user, cards will be closed, and new cards ordered.

Credit Insurance Waiver

By signing below, you elect not to be insured on your Visa card, effective _____ (date).

Reduce my/our credit limit on the above referenced Visa card to _____.

Close my/our Card

I understand that this does not affect my obligation to repay the outstanding balance of _____.

Primary Account Holder

Joint Account Holder