

VISA Debit Card Authorized User Request Form

Member Name: _____ Day Time Telephone #: _____

Address: _____ Evening Telephone #: _____

I, _____, do hereby authorize the following person(s) to be issued and use a Visa Debit Credit Card(s) on my Parsons Federal Credit Union Checking Account # _____

Name (please print)

Social Security Number

Date of Birth

X _____
Signature

Date

X _____
Authorized Signer Signature

Date

X _____
Authorized Signer Signature

Date