

CREDIT CARD AUTHORIZED USER APPLICATION

Please complete the following information to add an Authorized User to your credit card loan.

Member / Cardholder Name * _____

Member Number _____

Loan Type _____

Residential Street Address (No Post Office Boxes) _____

Mailing Address (If different from above) _____

Security Password (For phone contact verification) _____

Social Security Number (Last 4 digits) _____

Date of Birth _____

Home Phone _____

Work Phone _____

Email Address _____

Cell Phone _____

Would you like to setup or make changes to your automatic payments or electronic statements?

Automatic Repayment Authorization from Account _____

Automatic Repayment Authorization Amount Options _____

Payoff Monthly Balance Repay Minimum Payment

eStatement Authorization _____

You may also like these services. Please contact us for details.

Overdraft for Checking

Credit Limit Increase

Payment Protection

Credit Monitoring

Member / Cardholder Signature * _____

Date _____

Authorized User Name * _____

Member Number _____

Relationship _____

Social Security Number (Required) _____

Date of Birth _____

Security Password (For phone contact verification) _____

Name on Card (Not to exceed 26 Characters) _____

Residential Street Address (No Post Office Boxes) _____

Mailing Address (If different from above) _____

Home Phone _____

Work Phone _____

Email Address _____

Cell Phone _____

Authorized User Signature * _____

Date _____

* LIABILITY: Authorized Users must be at least 16 years old. The Member / Cardholder is responsible for payment of all transactions made by the Authorized User. In accordance with Federal Law and the USA PATRIOT Act, all financial institutions are required to obtain, verify, record and retain information that identifies every person doing business at or through their institution. In processing your request, we require your legal name, Taxpayer Identification Number (TIN), residential and mailing addresses, date of birth, and any other information that will allow us to identify you. We also require clear and legible photocopies of at least one (1) form of unexpired government issued photo identification from you and the Authorized User(s) on your credit card loan account(s). The identification and information that you and any Authorized Users provide will be verified as part of our loan qualification process, which may include credit and debit bureau inquiries. For more information, please refer to our [Credit Card Agreement](#) and [Disclosures](#), available upon request or on our website at ithinkfi.org.

Please return the signed and completed form along with copies of your identification to your local Branch or to iTHINK Financial Loan Operations.

P.O. Box 5090 | Boca Raton, FL 33431 | 561.982.4700 | 800.873.5100
ithinkfi.org | serviceplus@ithinkfi.org



FOR CREDIT UNION USE ONLY

Date

Operator

CRM