



REQUEST FOR AUTHORIZED VISA USER

Please note: There is a limit of 3 cardholders per account.

I _____ do hereby give my permission to
(Cardholder Name)

_____ (who is at least 18 years of age and a member of
(Authorized User Name)

Rockland Federal Credit Union) to be an authorized user of my Rockland Federal

Credit Union Visa Account. Visa Card Number _____

I understand that I will be solely responsible for any charges made by the above mentioned Authorized User.

Cardholder Signature

Date

Joint Cardholder Signature

Date

Authorized User Signature

Date

Address

