



**NAPUS VISA
Authorized User Agreement**

I, _____, designate the following as Authorized User(s) on my VISA account with NAPUS Federal Credit Union. I hereby certify that I will be solely responsible for all card usage by the Authorized User(s) and that the Authorized User(s) are 18 years of age or older. The credit card and monthly statements will be sent to the address that I have on file with my current VISA card.

AUTHORIZED USER(S) ARE AS FOLLOWS: (PLEASE PRINT)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Member Signature

Date

Member Name (Printed)

Member Number

NAPUS VISA Card Number

Daytime Telephone Number