

# VISA® Credit Card Add/Remove Authorized User Request



Member Information	
Member Name	Member Share Account #
VISA® Credit Card Number	

Authorized User Information			
Authorized User Name	Authorized User SSN	Authorized User Date of Birth	
Authorized User Address			
City	State	Zip	Authorized User Phone Number

Add authorized user

Remove authorized user name

Please issue a VISA® Credit Card for the above named individual. I understand that I am fully responsible for all charges incurred using this VISA® Credit Card, including those charges made by the authorized user.

I acknowledge and agree to the above terms and conditions.

Member Signature	Date
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Authorized User Signature	Date
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Fax this completed form to 404-598-2586, or scan & email to [creditunion@coca-cola.com](mailto:creditunion@coca-cola.com) or deliver/mail to Credit Union office at Coca-Cola Credit Union, PO Box 1734, Atlanta, GA 30301-1734.

Credit Union Use Only	
<input type="checkbox"/> OFAC Scan Complete	Date