



PO Box 30, Hayward, CA 94543 510.690.6100

www.baycities.org

VISA AUTHORIZED USER

Date: _____

Account #: _____

RE: Adding a User(s) to my Bay Cities Credit Union Visa

I authorize you to add the person(s) I have named below to be a user on my Bay Cities Credit Union Visa and understand that any and all charges added to the account through cash advances and/or purchases done by the user remain my responsibility no matter what separate agreement I have personally made with the user(s).

Note: If you have a co-applicant on your Visa card, he or she must also sign this agreement.

Member's Signature

Date

Co-applicant's Signature

Date

User(s) to add:

Please print name: _____

Please print name: _____

Fax to (510) 300-6443 or mail to: Bay Cities Credit Union PO Box 30, Hayward CA 94543 Revised 02/14