



AUTHORIZED USER DEBIT CARD

Primary Member Name: _____

Address: _____

Please Note: ATM accessibility not available for authorized users.

I/We officially request APGFCU® to issue an additional card for account number _____,
Share ID _____ for the following authorized user:

Full Legal Name: _____

Social Security Number: _____

Date of Birth: _____

I certify this individual is authorized to perform applicable transactions available through automated services (POS Network, Visa®) under this member number. I understand it is my responsibility to rescind this request when this individual is no longer authorized to perform transactions and this signed request does not alter the original terms of my membership agreement. Additionally, I understand I am responsible for all transactions incurred by the additional cardholder under these same terms.

Primary Member Signature: _____ Date: _____

Member ID Type: _____

Member ID Number: _____

Member ID Expiration Date: _____

Express Mail: Yes No

Share ID to Charge Express Mail Fee: _____

Alternate Address Requested: _____

Office Use Only	
Date Ownership Verified:	Employee Initials: