

NON-APPLICANT REQUEST FOR VISA® CARD

Primary Member Name:	
Address:	
I, (name of prima	ary Visa account holder) request that Aberdeen Proving
	per #, suffix,
in the name of the following authorized user:	
Full Legal Name (as it appears on ID):	
Social Security Number (of authorized card user):	
Date of Birth (of authorized card user):	
I understand this signed request does not alter the Visa disclosure statement and agreement, and that I am responsible for all charges incurred by the additional cardholder. I also understand Aberdeen Proving Ground Federal Credit Union can release information concerning this account to the mentioned authorized user.	
Primary Member Signature:	Date:
Member ID Type:	
Member ID Number:	
Member ID Expiration Date:	
Express Mail: ☐ Yes ☐ No	
Suffix to Charge Express Mail Fee:	
Alternate Address Requested:	
Office Use Only	
Date Ownership Verified:	Employee Initials: