



411 Theodore Fremd Ave • Suite 350 • Rye, NY 10580 • 800.431.2754 • USALLIANCE.ORG

<b>CREDIT CARD AUTHORIZED USER</b>
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Member number: \_\_\_\_\_

Card number: \_\_\_\_\_

By signing below, I / we authorize \_\_\_\_\_ the use of my credit card account. If this is a jointly held credit card, both cardholders' signatures are required. I / we realize and accept the responsibility for the payment of any and all charges incurred by the authorized user. I / we further understand the authorized user is not liable for any charges made on the account. Additionally, authorized user information is not reported to any of the major credit bureaus.

A card in the name of the authorized user will be mailed to the primary cardholder's address on file.

\_\_\_\_\_  
Primary owner's printed name

\_\_\_\_\_  
Joint owner's printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

EFT Use Only: System maintenance by: _____ Date completed: _____
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