

CREDIT CARD AUTHORIZED SIGNER

l authorize (print name) to: (check one) Become an authorized signer Be revoked as authorized signer Be revoked as authorized signer Social Security Address City, State, Zip Phone # Home	Account Number	N	lember Name			
Become an authorized signer Be revoked as authorized signer Name Social Security Address Birth Date Extra Address City, State, Zip Phone # Home Cell Work Ext Identification # Issued by Issue Date Expiration Internal Use Only ID Verification By signing below, I authorize Westerra Credit Union to obtain verifications and information confirming my identity. I further authorize Westerra Credit Union to share the results of any such verifications and information with the owners of this account. X Signature of Authorized Signer Date I certify that I am authorized to make this designation. I acknowledge that I will take full responsibility for all transactions associated with the use of the above card(s), including transactions undertaken by the above-named authorized individual. A written request is required to revoke this authorization, and the card will be cancelled. The Credit Union retains the right to block and reissue cards at its sole discretion. Notarized occount owners' signature if not signed in a Westerra Branch X Signature of account owner/guarantor Print Name Print Name STATE OF COUNTY OF COUNTY OF COUNTY OF Subscribed and sworn to before me by this day of 20 this day of 20 Notary Stamp Notary Stamp Notary Stamp	I authorize (print n	ame)				
Be revoked as authorized signer	to: (check one)					
Social Security	Become an a	uthorized signer				
Address Extra Address City, State, Zip Phone # Home	☐ Be revoked a	s authorized signer				
Extra Address City, State, Zip Phone # Home	Name			Social Security		
City, State, Zip Phone # Home	Address			Birth Date		
Phone # Home Work Ext Identification # Issued by Issue Date Expiration	Extra Address					
Identification #	City, State, Zip					
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