



## CREDIT CARD AUTHORIZED SIGNER

Account Number \_\_\_\_\_ Member Name \_\_\_\_\_

I authorize (print name) \_\_\_\_\_

to: (check one)

- ☐ 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

OFAC

Westerra CU Rep

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 verification(s) or 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 account owners' signature if not signed in a Westerra Branch***

X \_\_\_\_\_  
Signature of account owner/guarantor

Print Name

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me by \_\_\_\_\_  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

WITNESS my hand and official seal.

My commission expires: \_\_\_\_\_

Notary Public

Notary Stamp

X \_\_\_\_\_  
Signature of account owner/guarantor

Print Name

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me by \_\_\_\_\_  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

WITNESS my hand and official seal.

My commission expires: \_\_\_\_\_

Notary Public

Notary Stamp

