
FORM INSTRUCTIONS:

- 1) Complete all applicable fields
- 2) Print, sign, and date

3) Submit All Documents to:

Georgia's Own Visa Department
PO BOX 105205 Atlanta GA 30348
Or by FAX 404-575-1837

Cardholder Information:

Name _____
Member Number _____
Visa Card Number _____

Authorized User Information:

Name _____
Social Security Number _____
Date of Birth _____
Relationship to Cardholder _____

Please include a photocopy of the Authorized User's driver's license for signature identification.

The selection below reflects the wishes of the Cardholder and Authorized User as it pertains to credit bureau reporting of the Authorized User's access to this revolving credit:

Report to Credit Bureaus

Do Not Report to Credit Bureaus

I authorize Georgia's Own Credit Union to add the above-named individual as an authorized user on my named credit card account and to have that card reported through the credit bureau as selected above.

X _____
Cardholder's Signature (Date)

X _____
Authorized User's Signature (Date)

Once we have received the necessary information and processed the request, a card in the Authorized User's name will be mailed to the Cardholder's address within 7 to 10 business days.

Authorized users are **unable** to make the following requests/inquires:

- Change Account Address
- Request a limit increase
- Negotiate interest rates
- Terminate an existing card agreement
- Add or remove authorized users

If you should have any questions, please contact us at 404-874-1166 or through secure web message online at www.georgiasown.org.

