



Credit Card Authorized User Request

Mail to:
First Atlantic FCU
468 Industrial Way W
Eatontown, NJ 07724

Email:
service@fafcu.com

Fax:
(732)380-3634

Date _____

Member Number _____

Member Name _____

Credit Card Number _____

Authorized User Information

Name _____

Social Security Number _____

Date of Birth _____

Mother's Maiden Name _____

Address _____

Address _____

By signing below, I authorize First Atlantic FCU to add the above person as an Authorized User to my credit card account.

Member Signature _____

Phone Number _____

Credit Union Use Only

Request Submitted:

In person

Mail

Web

Fax

Employee Name _____

Employee # _____

Completed & Sent to CIF _____

Visit us at www.fafcu.com

