

## Credit Card Authorized User/Additional Cardholder

If you would like to name an authorized user and/or additional cardholder, complete the following:  
*(NOTE: Any authorized user/additional cardholder will have access to your account)*

Primary Cardholder Name (Print): \_\_\_\_\_

Credit Card Account number: \_\_\_\_\_

Authorized User Name (Print): \_\_\_\_\_

Authorized User Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Primary Cardholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized User Signature

\_\_\_\_\_  
Date

**Mail or fax completed form to:**

Together Credit Union

Attn: Card Services

423 Lynch Street

St. Louis, MO 63118-1818

**Fax:** 314-657-9487