

REQUEST TO ADD AUTHORIZED USER

New Horizons Credit Union, Inc.
637 Vine Street,
Cincinnati, OH 45202

Last Name	First Name	Account Number	
Address	City	State	Zip
Visa Account Number			

I request that New Horizons Credit Union, Inc. add the following individual as an authorized user on my Visa credit card account.

Last Name	First Name	DOB	
Address	City	State	Zip
Social Security Number	Home Phone	Mobile Phone	
Mother's Maiden Name	Name As It Should Appear on the Card		

Add Authorized User Terms and Conditions

Here are some things you, as the primary cardholder, should know about adding an authorized user to your credit card account. Note that these terms are in addition to those found in your credit card agreement with us. With regard to financial responsibilities, you (and the secondary cardholder, if applicable) are responsible for any charges placed on the account by an authorized user. The authorized user does not have financial responsibility for the account. Even though the authorized user does not have financial responsibility for the account, credit data is still reported to the credit bureaus on the authorized user. When you add an authorized user, you consent to giving that person access to account information. However, you agree that the authorized user does not have the same privileges as you, the primary cardholder. Unlike you, an authorized user cannot request items to be issued like credit cards, PINs, or statements. Also, the authorized user cannot change account status. (For example, an authorized user cannot activate or close an account.) The authorized user cannot add or delete other users from the account. Please note that there is no fee to add an authorized user. Also, an authorized user does not need to be of a minimum age, a U.S. citizen, or a U.S. resident.

You must notify us in writing of any termination of an authorized user's right to access your account. Your letter must include the name of the authorized user and your account number and/or any subaccount number issued to the authorized user along with the authorized user's card and any convenience or other access checks issued to the authorized user. If you cannot return the authorized user's card or access checks and if you request your account to be closed, we will close your account and you may apply for a new account.

Member Signature	Date
------------------	------

Authorized User Signature	Date
---------------------------	------