NE PA COMMUNITY FEDERAL CREDIT UNION

Visa Credit Card – Authorized User

Applicant Name: _____

Co-Applicant Name: _____

Visa Account Number: _____

I (we) agree to add the following authorized user(s) on my NE PA Community Federal Credit Union's Visa Credit Card. I (we) understand that I (we) am fully responsible for the credit card obligations. The authorized user has no liability to this card.

Authorized User(s)

1. Name: _____

   Date of Birth: _____ Social Security #: _____

   Signature: _____

2. Name: _____

   Date of Birth: _____ Social Security #: _____

   Signature: _____

The signatures below must be notarized if not signed in the presence of a credit union staff member.

Date: _____

Applicant's Signature: _____

STATE OF _____

COUNTY OF _____

On this the _____day of _____, 20___, before me came _____(name) known to me (or satisfactorily proven) to be the person described in and who executed the foregoing instrument, and he/she acknowledged that he/she executed the same. In witness whereof, I hereunto set my hand and official seal.

_____
Notary Public

Date: _____

Co-Applicant's Signature: _____

STATE OF _____

COUNTY OF _____

On this the _____day of _____, 20___, before me came _____(name) known to me (or satisfactorily proven) to be the person described in and who executed the foregoing instrument, and he/she acknowledged that he/she executed the same. In witness whereof, I hereunto set my hand and official seal.

_____
Notary Public