

VISA® CARD AMENDMENT

The Visa Card Amendment form must be completed when a member wants to add, change or remove a cardholder from their Visa Card Service. **REMEMBER, the Visa card service only allows two cards on the account. If the secondary cardholder is not a co-applicant and you want them to have full access to your Visa information, order replacement cards, or make any Visa account changes then you must complete the Authorized User Release form located on the reverse side of this form.**



NOTE: This form does not remove your co-applicant/co-maker. You must re-apply in order to re-establish your line of credit with your own personal financial information.

_____ First Name	_____ M.I.	_____ Last Name	() _____ Home Phone Number
_____ Account Number			() _____ Work Telephone Number

INSTRUCTIONS: If you want to **add** a second cardholder to your account, complete Section 1 only. If you already have a second cardholder on your account and you want to **remove** or **replace** this person, complete Section 2. **Both the member and Co-applicant (if there is one) must read and sign Section 3.**

SECTION 1 - Adding a Second Cardholder: REMEMBER, the Visa card service only allows two cards on the account. If the secondary cardholder is not a co-applicant and you want them to have full access to your Visa information, order replacement cards, or make any Visa account changes then you must complete the Authorized User Release form located on the reverse side of this form.



If you are adding a secondary cardholder for the sole purpose of making Visa purchases, you must **ONLY** complete section 1 and 3 of this amendment form. **(if there is a co-applicant on the Visa account then they must sign the form in section 3 authorizing the second card.)**

Second Cardholder Name
(as it will appear on the card)
I understand it will take approximately two weeks to receive the second card.

SECTION 2 - Remove or Replace the Second Cardholder (check appropriate box)

- REMOVE** the second cardholder and only maintain one card on my Visa Card account.
- Check one of the boxes below:**
- I have destroyed the second card and I am not concerned with the card number being used without my knowledge.
- The 2nd card is not in my possession. Please close both cards and order me a new Visa Card with the PIN number I have indicated below. (I understand it will take approximately two weeks to receive my new card)

- REPLACE** the 2nd cardholder with the name listed below:
- _____
Second Cardholder
- Check one of the boxes below:**
- I have destroyed the second card and I am not concerned with the card number being used without my knowledge.
- The 2nd card is not in my possession. Please close both cards and order two new Visa Cards with the PIN number I have indicated below. (I understand it will take approximately two weeks to receive the new cards.)

NOTE: Please remember to notify any automatic services of your new card number.

SECTION 3 - Read and Sign. Both the member and co-applicant (if there is one) must sign.

I (we) hereby apply to make changes to my Visa Card account with the Pennsylvania State Employees Credit Union (PSECU). I (we) agree to be bound by the terms and conditions of the Visa Card Agreement. I authorize any person, association, firm, corporation, or personnel office to furnish information concerning me or my affairs upon the request of the credit union.

_____ Member Signature	_____ Date	_____ Co-applicant Signature	_____ Date
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Complete Your Personal Identification Number (PIN) - Do Not Detach
Select a PIN that is not easily identified with you. Write your PIN in the space provided. PSECU does not keep your PIN on file. Please do not use the letters "Q" or "Z" as part of your PIN. Please do not use the following combination of numbers: 0000 through 0009 or 9999.

Record PIN Below



DETACH AND KEEP THIS SECTION FOR YOUR FILES

Record PIN Below



AUTHORIZED USER RELEASE FORM

Member Name _____

Account Number _____ Daytime Phone Number (____) _____

✓ I am giving the following Visa Authorized User authorization to obtain the Visa balance, payoff amount or payment and purchase history information on my account. I am also authorizing them to reorder replacement cards, change the Visa PIN number or change monthly payment methods on my Visa loan balance.

Authorized User: _____

Authorized User: _____

Authorized User: _____

✓ I also understand that if I wish to take this authorization away, this request must be submitted in writing and is not effective until actual receipt by PSECU.

Member Signature: _____ Date: _____

Co-applicant Signature: _____ Date: _____
(if applicable)

✓ I understand that an authorized user must provide the ACCESS CODE when requesting account information. I have entered four digits or letters into the ACCESS CODE space provided below.

NOTE: The access code should be different than your account PIN number. Otherwise, your authorized user may be able to access additional information on your account.

Upon the completion of this request, you will be receiving a letter of confirmation.

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DETACH AND KEEP THIS SECTION FOR YOUR FILES

Record your access code below.

Record your access code below.
