

The Visa® Card Amendment form must be completed when you want to change your Visa card service by adding, removing, or replacing an authorized user.  
**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 PHONE NUMBER \_\_\_\_\_

PLEASE SELECT CREDIT CARD TYPE (select one):  Classic Card  Founder's Card

## SECTION 1 - Adding a Second Authorized User

**REMEMBER** that Visa card service allows only two cards on the account. If the secondary authorized user is not a co-applicant and you want the authorized user to have full access to your Visa information, be able to order replacement cards, or make any Visa account changes and have a card to complete purchases, please complete section 1. Please note it will take approximately two weeks to receive the second card.

If there is a co-applicant on the Visa account, then he or she must sign the form in Section 4 authorizing the second card.

SECOND AUTHORIZED USER'S NAME (as it will appear on the card) \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

SOCIAL SECURITY # OR TAX ID # \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

(If you're under 18, please also provide a copy of your Social Security card.)

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

MAILING ADDRESS  Same as physical address

You must notify us in writing of any termination of an authorized user's right to access your account. Your notice 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. Alternatively, we may, at our sole discretion, issue you a new account number and a new card.

## SECTION 2 - Remove the Second Authorized User

**Please note:** A new card number will be issued with the PIN indicated below. It will take approximately two weeks to receive your new card(s). You must select one option below or cards will be closed immediately.

- Close existing card number immediately. I understand that I will not have Visa access to my line of credit until my new card number is received.
- Leave existing card number open until new card number is received and activated. The individual whose access is being removed will have card access to this line of credit when choosing this option until the member's existing card is closed.

PIN REQUIRED - Enter your PIN in the section below.

To prevent disruption of service, you must notify any merchant that automatically bills your Visa credit card with your new card number.

## SECTION 3 - Replace the Second Authorized User

REMOVE \_\_\_\_\_  
 (name of authorized user being removed)

REPLACE WITH \_\_\_\_\_  
 (name of new authorized user)

- Close existing card number immediately. I understand that I will not have Visa access to my line of credit until my new card number is received.
- Leave existing card number open until new card number is received and activated. The individual whose access is being removed will have card access to this line of credit when choosing this option until the member's existing card is closed.

PIN REQUIRED - Enter your PIN in the section below.

To prevent disruption of service, you must notify any merchant that automatically bills your Visa credit card with your new card number.

## SECTION 4 - Read and sign. Both the member and co-applicant, if there is one, must sign.

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

MEMBER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

CO-APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**COMPLETE YOUR PERSONAL IDENTIFICATION NUMBER (PIN) - Do Not Detach.** Select a four-digit PIN for your credit card that is not easily identified with you, such as your Social Security number or account number. Please do not use your member account PIN, symbols, numbers between 0000 and 0009, repeating numbers (1111, 2222, etc.), or consecutive ascending or descending numbers (1234, 4321, for example). Write your four-digit PIN in the spaces below and note it for your reference. PSECU does not keep your PIN on file. This is the PIN you will use when requesting a cash advance from your credit card.

 RECORD CREDIT CARD PIN: