

Business Visa Credit Card

Authorized User and Change Request Application



Business Name		Business Account Number
Authorized Officer (please print)	Phone Number	Date

Add Cardholder

1. User Name (please print)		Date of Birth (mm/dd/yyyy)	Last Four Digits of SSN
Contact Phone Number	Code word	Loan ID <input type="checkbox"/> New <input type="checkbox"/> Existing # _____	Credit Limit
2. User Name (please print)		Date of Birth (mm/dd/yyyy)	Last Four Digits of SSN
Contact Phone Number	Code word	Loan ID <input type="checkbox"/> New <input type="checkbox"/> Existing # _____	Credit Limit
3. User Name (please print)		Date of Birth (mm/dd/yyyy)	Last Four Digits of SSN
Contact Phone Number	Code word	Loan ID <input type="checkbox"/> New <input type="checkbox"/> Existing # _____	Credit Limit
4. User Name (please print)		Date of Birth (mm/dd/yyyy)	Last Four Digits of SSN
Contact Phone Number	Code word	Loan ID <input type="checkbox"/> New <input type="checkbox"/> Existing # _____	Credit Limit

Remove Cardholder

Name of Cardholder	Last 10 Digits of Card Number	Loan ID	<input type="checkbox"/> I certify that all cards have been collected from the aforementioned cardholder(s) and destroyed. _____(initial)
Name of Cardholder	Last 10 Digits of Card Number	Loan ID	
Name of Cardholder	Last 10 Digits of Card Number	Loan ID	
Name of Cardholder	Last 10 Digits of Card Number	Loan ID	

Modify Credit Limit

Loan ID	Existing Limit	New Limit	Loan ID	Existing Limit	New Limit
Loan ID	Existing Limit	New Limit	Loan ID	Existing Limit	New Limit
Loan ID	Existing Limit	New Limit	Loan ID	Existing Limit	New Limit

Authorized Officer Signature

I am an Authorized Officer of the above named business or organization and as such am authorized to make the changes requested on this form. I will provide the evidence of such authorization upon request. I understand that the business or organization and the loan guarantor(s) are responsible for all charges performed by any cardholder.

Authorized Officer Signature _____

Title _____ Date _____

Process Form

To process this request:

- Fax to 517-664-4865
- Return to any branch location
- Mail to: Attention: Business Services
MSU Federal Credit Union
PO Box 1208
East Lansing, MI 48826-1208

Questions?

Call 517-333-2424
Ext. 4848



11/17

For Office Use Only

Request processed by: _____ Request reviewed by: _____