

# Business Visa Credit Card

## Authorized User and Change Request Application



msufcu.org/business

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

### Add Cardholder

<b>1. User Name</b> (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
<b>2. User Name</b> (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
<b>3. User Name</b> (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
<b>4. User Name</b> (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



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#### For Office Use Only

Request processed by: \_\_\_\_\_ Request reviewed by: \_\_\_\_\_