



MASTERCARD REQUEST
FOR AUTHORIZED
SIGNER

Request for Additional Card(s)

I authorize Credit Union of Denver to add the following name(s) as authorized user(s) on card number _____.

I also agree and accept all liability for charges incurred by the use of the card(s).

Please issue a card in the name(s) of:

Name: _____

Name: _____

Physical address:

Physical address:

Date of Birth: _____

Date of Birth: _____

Social Security # _____

Social Security # _____

Signature of Authorized User

Signature of Authorized User

Please attach a copy of ID if age 18 or over

Please attach a copy of ID if age 18 or over

Signature of Cardholder: _____ Date _____

Complete, Print, then Sign and Return via one of the following:

- **Fax:** 303.239.1108 (Please verify the fax number before transmitting. Credit Union of Denver is not liable for forms sent to the incorrect fax number.)
- **Email:** Scan and Send through our [Secure eMessage Portal](#)
- **Mail:** Credit Union of Denver, P.O.Box 261420, Lakewood, CO 80226-9420