



HudsonValley[®]

CREDIT UNION

P.O. Box 1071 | Poughkeepsie, NY | 12602-1071
845.463.3011 | hvcu.org

Business VISA Debit Card Authorized User Request or Revocation

Business Member Account Number: _____

☐ **CHECK HERE** to ADD an Authorized User to a Business VISA Debit Card account, and complete the following section:

I, _____, as signatory for _____, hereby authorize
Business Signatory *Name of Business*

Authorized User's Name

Authorized User's Full Address

Date of Birth

Social Security Number

Home Phone Number

ID Type

ID Issue Date

ID Expiration Date

ID Number

the use of my Business VISA Debit Card to access all Share IDs (accounts) associated with the Share ID(s) indicated below. I realize and accept the responsibility for the payment of any and all transactions, charges, fees and overdrafts by both myself and/or the authorized user.

☐ Business Checking

☐ Business Savings

☐ Business Money Market

Primary Share ID:*

Secondary Share ID:**

N/A

* HVCU and Foreign ATMs

** HVCU ATMs ONLY

Specify delivery instructions for card being issued:

☐ Traditional Mail

☐ Express delivery (\$17.50 fee)

Send to: ☐ Address on system

☐ Alternate address specified below:

Charge Share: _____

Member Account Number / Share ID

Street Address

City

State

Zip

☐ **CHECK HERE** to REMOVE an Authorized User from a Business VISA Debit Card account, and complete the following section:

I, _____, as signatory for _____, hereby revoke
Business Signatory *Name of Business*

Name of the Authorized User to REVOKE

the use of any Business VISA Debit Card previously authorized on share(s) _____
Share ID(s) of the Authorized User to REVOKE

I realize and accept all liability for any outstanding transactions, charges, fees and overdrafts made through this Business VISA Debit Card.

Business Account Signatory

Date

For Credit Union Use

Branch/Dept # _____ Completed by Op# _____

Additional Card Ordered on: _____ by PS operator # _____ New Card # _____

FAX this completed form to (845) 463-5659

HVCU- Confidential

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