



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

Member Number

CREDIT CARD AUTHORIZED USER REQUEST

Card Type:

<input type="radio"/> Visa Platinum	<input type="radio"/> Visa Platinum Rewards	<input type="radio"/> Visa Platinum Cash	<input type="radio"/> Visa Signature
<input type="radio"/> Business Visa Platinum	<input type="radio"/> Visa Platinum Traditional	<input type="radio"/> Visa Gold	<input type="radio"/> Visa Classic

Card Number:

enter the last 8 digits

I, _____, hereby authorize _____,
Cardholder Name Authorized User Name

the use of my credit card account. I realize and accept the responsibility for the payment of any and all charges incurred by both myself and/or the authorized user.

**** An additional card will be ordered and mailed to the primary cardholder's system address.**

Check box to mail to an Alternate Address Rush Delivery

Cardholder's Signature Date

FOR PAYMENT SERVICES DEPARTMENT USE
Additional Credit Card Ordered on: _____ by NS operator # _____

FAX Completed Form to Payment Services at **(845) 463-5659**