



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

Member Number _____

CREDIT CARD AUTHORIZED USER REQUEST

Card Type: Visa Platinum Visa Platinum Rewards Visa Platinum Traditional
 Visa Platinum Cash Visa Classic Visa Gold HSA VCC

Card Number: _____

Business Visa Platinum

Business Name: _____ Credit Limit: _____

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

Street Addr _____

Street Addr2 _____

City _____ State _____ Zip _____

Cardholder's Signature

Date

FOR PAYMENT SERVICES DEPARTMENT USE

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

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

HVCU CONFIDENTIAL