



Important Information Bridge Credit Union is required, by federal law, to obtain, verify, and record information that identifies each person opening or having access to a Bridge Account. I understand that you will ask for my legal name, residential address, Social Security Number (SSN), Phone Number, and Date of Birth.

Required Information In order for an individual to be named on this account in any capacity they must provide picture identification and documentation reflecting the individual's current residential address. Please submit one of following valid forms of identification: • Driver's License • US Social Security Card/ITIN • Passport • US Military ID • US Work Visa • Other Government Issued picture ID (2nd ID always required) • Voter ID • Birth Certificate • Utility bill (for residential address verification only). Bridge reserves the right to request additional identification.

Member Number: _____ Credit Card Number: _____

Authorized User 1 (Please Print):**Already a member (required):**

| |
|------------------------|
| LEGAL NAME |
| MEMBER NAME |
| SOCIAL SECURITY NUMBER |

☐ I am not already a member

*** If not a member, the following information is required:**

| | |
|------------------------|---------------------|
| LEGAL NAME | |
| MEMBER NAME | |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH |
| ADDRESS | |
| CITY | STATE / ZIP |
| PRIMARY PHONE NUMBER | MOBILE PHONE NUMBER |

*** Two forms of ID REQUIRED**

Authorized User 2 (Please Print):**Already a member (required):**

| |
|------------------------|
| LEGAL NAME |
| MEMBER NAME |
| SOCIAL SECURITY NUMBER |

☐ I am not already a member

*** If not a member, the following information is required:**

| | |
|------------------------|---------------------|
| LEGAL NAME | |
| MEMBER NAME | |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH |
| ADDRESS | |
| CITY | STATE / ZIP |
| PRIMARY PHONE NUMBER | MOBILE PHONE NUMBER |

*** Two forms of ID REQUIRED**

Acknowledgments I, the Borrower(s), and any Authorized User(s) agree to accept full responsibility for the use of the card in accordance with the terms and conditions of the Visa® Disclosure Statement and Agreement I received with my original Card(s) and any Additional Federal and State Disclosures provided since that time. In addition, by signing below the Authorized User(s) authorizes you to gather and exchange any credit, checking account, and employment information you consider appropriate from time to time and agrees that this is a loan to which the Authorized User(s) has access and may be considered liable for any outstanding balance on this account should the Borrower default. Should this become necessary, unlimited access to the account payment and transaction history will be available to the Authorized User(s) upon request.

I hereby authorize Bridge Credit Union to issue additional Visa® Card(s) on my account to the individual(s) named above. I understand a card will be issued only if my account is not over-limit or past due. I understand I may cancel or remove an authorized user by written notice to the Credit Union without consent or prior notice to the authorized user. I understand that an incomplete application will delay processing of my request.

PRIMARY CARD-HOLDER SIGNATURE DATE

1. NEW AUTHORIZED SIGNATURE DATE

JOINT CARD-HOLDER SIGNATURE (IF APPLICABLE) DATE

2. NEW AUTHORIZED SIGNATURE DATE

Bridge Credit Union, Inc.

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