



Atlanta Postal Credit Union

Visa Business Credit Card Agreement Authorized Agent Information

Name of Company, Association, Organization, Division, or Region

Instructions:

Complete all of the Authorized Agent information located on this form. An authorized officer of the company, association, or organization must sign and date this form. Return the **original** form to: Visa Department, APCU, 515 Mulberry Street, Suite 100, Macon, GA 31201. To enable online access to this Authorized Agent credit card account using **EZCardInfo.com**, make two copies of this form: keep one for your records and forward one copy to Card Services Department, APCU, 515 Mulberry Street, Suite 100, Macon, GA 31201. Please notify the credit union when agents are to be deleted and their corresponding agent credit cards voided.

Please Print:

APCU Membership No. of Company, Association, Organization, Division, or Region: _____ Assigned Credit Limit: _____

Visa Master Account No. of Company, Association, Organization, Division, or Region:

Legal Entity Address: _____ City: _____ State: _____ Zip Code: _____

Card Holder's Last Name: _____ Card Holder's First Name: _____ Card Holder's Middle Initial: _____

Statement Address: _____ City: _____ State: _____ Zip Code: _____

Primary Telephone Number: _____ Alternate Telephone Number: _____

Date of Birth: _____ Social Security Number: _____ Mother's Maiden Name: _____

CERTIFICATION OF CONTROLLER(S)

The information contained in this Certification is sought pursuant to Section 1020.230 of Title 31 of the United States Code of Federal Regulations (31 CFR 102.230)

Please provide the following information for an individual with significant responsibility for managing or directing the entity, including, an executive officer or senior manager (e.g.: Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or any other individual who regularly performs similar functions.

Last Name: _____ First Name: _____ Middle Initial: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Country: _____ SSN (U.S. Persons): _____

SSN, Passport Number, or other similar number (For Non-U.S. Persons): _____ Country of Issuance: _____

Permission to contact: By providing a wireless telephone number (i.e., cell phone), the authorized agents and controllers agree to receiving calls, including auto-dialed and pre-recorded message calls, from the credit union or its third party debt collector at that number. You may withdraw the consent to be contacted on your wireless telephone number(s) at any time by calling APCU at (800) 849-8431.

I, _____ (name of person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____ Date: _____