

Authorized Signer

You may request a card be issued on your account to a person you authorize to use your account.* This person is called an Authorized Signer. To do so simply complete the information requested and return this form to the address or fax number shown below.

U.S. Bank Credit Card Account Number: _____ - _____ - _____ - _____

Primary Cardmember Name (First, Middle, Last - please print)
(As it appears on your account)

Primary Cardmember Signature*

Primary Cardmember Social Security Number

Authorized Signer Name (First, Middle, Last - please print)

Authorized Signer Signature

Authorized Signer Address: Street Address (Required - no P.O. Boxes, U.S. Addressed only) State _____ ZIP _____

Authorized Signer Social Security Number

Authorized Signer Birth Date

*You agree to be responsible for all the transactions the Authorized Signer makes on your account. The terms and conditions of your account will remain the same.

If you have further questions, please contact our 24-hour Cardmember Service Department at 1-800-285-8585. We are here to provide solutions to your banking needs and look forward to serving you in the future.

Mail to:
U.S. Bank National Association
c/o U.S. Bancorp Service Center, Inc.
PO Box 6352
Fargo, ND 58125-6352

Or fax to: (866) 568-7729

