

# Authorized User

---

## Add an Authorized User

You agree to be responsible for all transactions the Authorized User makes on your account. An Authorized User will:

- Receive a credit card with their name on it.
- Not be responsible for the balance due.
- Have this account listed on their credit report as having the funds available for their use.

Authorized Users can request information on this account, such as but not limited to: current balance, payment due date, or credit limit. Authorized Users can also perform certain maintenance functions on this account, such as but not limited to: activate a card, balance transfers, make a payment or remove their name from the account. Lastly, Authorized Users are not permitted to perform certain functions on this account, such as but not limited to: account closure, order a new card, or add a name on this account.

To add Authorized User(s), fax or mail the completed form back to us at the address noted at the bottom.

## Primary Cardmember

Radisson Rewards Visa Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name (First, Middle, Last - please print as it appears on your Card): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I agree to be responsible for all the transactions the Authorized User makes on my Account.

Signature: \_\_\_\_\_

## First Authorized User

Name (First, Middle, Last - please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street Address (Required – U.S. Addresses only, no P.O. Boxes allowed):  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Second Authorized User

Name (First, Middle, Last - please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street Address (Required – U.S. Addresses only, no P.O. Boxes allowed):  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Limit 4 total cards per account. Limit 1 card per name/individual. To cancel or remove Account Authority of an Authorized User, please refer to your Cardmember Agreement.

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 866-234-4672. We are here to provide solutions for your banking needs and look forward to serving you in the future.

**To add Authorized User(s), fax or mail the completed form back to us using the fax number or address noted below:**

Fax: 866-568-7729

# Authorized User

---

RADISSON  
REWARDS  
VISA® CARD

Mail to: U.S. Bank National Association, c/o Cardmember Service, PO Box 6351, Fargo, ND 58125-6351

The creditor and issuer of the Radisson Rewards® Visa® card is U.S. Bank National Association, pursuant to a license from Visa U.S.A. Inc., and the card is available to United States residents only.



© 2020 U.S. Bank National Association. All rights reserved