

Account and Borrower Information

Professional Platinum Visa Supplemental Agreement & Designation of Authorized Employees PO Box 1739 Vancouver, WA 98668 360.695.3441 800.247.4364

www.iQcu.com

Account Number	Loan ID Printed Name	e of Business			
Printed Borrower Last Name			First Name		Middle Initial
employees designated be as authorized users of th Borrower's direct obligation as amended from time to	blish one or more VISA crelow. Credit Union may either same account. Borrower on to Credit Union and shall time. Each account shall be	er open a sepa agrees that ea Il be governed s subject to a c	arate account for each e ach VISA credit card acc by the Credit Union's V redit limit set by the Cred	mployee or may count established ISA credit card a dit Union.	specify multiple employees I under this arrangement is agreement and disclosures,
iser. Designated employe he credit limit set by the rrespective of whether s shall remain in effect with	ed below shall receive a VI ees may use VISA cards to Credit Union. Borrower is o uch transactions were perforespect to each employee authorized agent of Borrow	make purchas obligated to Ci ormed for bus listed below u	es, obtain cash advance edit Union for all transa iness, personal, or othe ntil the Credit Union rece	s, and perform o ctions performed r purposes. This eives written notic	ther transactions, subject to by designated employees, designation of employees be of the revocation of such
Designees ————					
The following employees Printed Last Name	are designated to receive V	ISA credit card	ds under this arrangemei	gement: Number of years with company	
Social Security Number	Date of Birth	Phone	Position / Job Title		
Address			New Employee / New \$ Amoun	Card Request nt/Limit on Card?	Revoke Card Request (Minimum is \$2,500 per card)
Printed Last Name	First Name		Middle Initial Number of years with company		
Social Security Number	Date of Birth	Phone	Position / Job Title		
Address			New Employee / New \$ Amoun	Card Request nt/Limit on Card?	Revoke Card Request (Minimum is \$2,500 per card)
Printed Last Name	First Name		Middle Initial	Num	ber of years with company
Social Security Number	Date of Birth	Phone		Position / Job Title	
Address			New Employee / New \$ Amount	Card Request nt/Limit on Card?	Revoke Card Request (Minimum is \$2,500 per card)
Signature ————					
Borrower agrees to the fo	regoing terms.				
X					
Business Owner or Borrower S	ignature / Title			Date	(mm/dd/yyyy)
For CU Use Only ——— Name	User ID	Date Opened	Today's Date		