



P.O. BOX 6048
DEARBORN, MICHIGAN 48121
PH 888.336.2700
dfcufinancial.com

Business Line of Credit Authorized User

Account Information

Member/Organization Name	Member/Org Number
Account Number	Activity (select one) <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

Business Authorized User (1)

Name	Title
------	-------

Business Authorized User Signature (1) Printed Name Date

Business Authorized User (2)

Name	Title
------	-------

Business Authorized User Signature (2) Printed Name Date

Business Authorized User (3)

Name	Title
------	-------

Business Authorized User Signature (3) Printed Name Date

Signature(s)

I designate the individual(s) above as Business Authorized Users of this Account.

By signing below, You hereby consent to the Business Authorized User designation(s) indicated on this form. This form supersedes, takes precedence over and replaces any such form that preceded it.

Business Signer Signature Printed Name Date

Date _____ Branch _____ Employee _____ Verified By _____