

# PENFED PREMIUM TRAVEL REWARDS AMERICAN EXPRESS® CARD

## Member Information

Full Legal Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

My signature indicates that I am aware that if I use the Pentagon Federal Credit Union (PenFed) credit card account, authorize its use, or do not cancel it within 30 days after the card is received, the PenFed agreement provided with the card is binding on me. **I AUTHORIZE A SECURITY INTEREST IN MY PENFED MEMBER SHARE ACCOUNT NOTED IN THIS FORM AND ANY OTHER PENFED ACCOUNTS I MAY HAVE (EXCLUDING MY IRA ACCOUNTS) UP TO THE AMOUNT OF MY OUTSTANDING BALANCE TO PROTECT PENFED IF I DEFAULT ON ANY CREDIT EXTENDED OR CASH ADVANCED UNDER THIS/THESE ACCOUNTS.**

► Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Joint Borrower Information (if applicable)

Full Legal Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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► Signature: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_ Date: \_\_\_\_\_

## Additional Cardholders (optional)

Full Legal Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

By signing below, I understand and agree that in the event of the death of the member cardholder(s), the additional card assigned to me is no longer valid. Any subsequent charges incurred by me, including recurring charges and charges made without the use of the card, become my responsibility to repay.

► Signature: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_ Date: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

By signing below, I understand and agree that in the event of the death of the member cardholder(s), the additional card assigned to me is no longer valid. Any subsequent charges incurred by me, including recurring charges and charges made without the use of the card, become my responsibility to repay.

► Signature: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE** Member Share Account Number: \_\_\_\_\_ Credit Card Account Number: \_\_\_\_\_ Application Number: \_\_\_\_\_  Card Services