



CREDIT CARD AUTHORIZATION FORM

Cardholder Information

Full Legal Name: _____ Social Security Number: _____

Date of Birth: _____ Last four digits of credit card number: _____ Email Address: _____

Mailing Address: _____

Cell Phone: _____ Day Phone: _____ Evening Phone: _____

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 Cardholder Information (if applicable)

Full Legal Name: _____ Social Security Number: _____ Date of Birth: _____

Mailing Address: _____

Email Address: _____

Cell Phone: _____ Day Phone: _____ Evening Phone: _____

I am active in the US military, a member of the National Guard, or Reserves. I am retired from the US military, the National Guard, or Reserves or an honorably discharged US military veteran.

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Signature: _____ Relationship to Member: _____ Date: _____

Authorized Users (optional)

Authorized users have full use of and access to the credit card account. However, they do not have the authority to add or delete cardholders, request replacement cards, or terminate/modify the existing card agreement.

	Full Name	Relationship	Social Security #	Date of Birth
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Authorized User 1 Signature: _____

Authorized User 2 Signature: _____

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understand and agree that in the event of the death of the member cardholder(s), the additional card assigned to me is no longer valid.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 Credit Card Type: _____