PENFED CREDIT UNION

CREDIT CARD AUTHORIZED USER REQUEST

Share the convenience of your account with others. When you give others access to your account, each user will receive his or her own personal card and can enjoy access to that account.

When you add authorized users, keep in mind:

1. You're responsible to repay all balances on this account (authorized users can still charge to the account, but they aren't financially responsible).
2. For the authorized user, this account will be reported to their credit reporting agencies which can affect their credit score.
3. All authorized user cards have to be activated by calling from the phone number you have on file.
4. We'll send all correspondence (including credit cards, statements and notifications) to the primary account holder's address.
5. Authorized Users will not have the authority or access to add or delete cardholders, request replacement cards, or terminate/modify the existing account agreement.

When you tell us to add an authorized user to your account, you're confirming that you have a relationship with the person(s) and that the name, address, and date of birth, etc. is correct, and that you have their consent to add them. If PenFed determines you've given us fraudulent information, or did not have such consent, PenFed can close your account.

CARDHOLDER CONSENT:

First Name: _____ Middle Initial: _____ Last Name: _____

Credit Card Number (*Required*): _____ Member Number: _____

I am the named account holder and authorize PenFed to add the below listed person(s) as (an) authorized user(s) on the account referenced above.

X **Signature:** _____ **Date:** _____

AUTHORIZED USERS

1. First Name: _____ Middle Initial: _____ Last Name: _____

   How Name Should Appear On Card: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

   (21 Character Limit Including Spaces)

   Relationship: _____

   Date of Birth *(MM/DD/YYYY)*: _____ SSN/ITIN: _____ ☐ Check if ITIN

2. First Name: _____ Middle Initial: _____ Last Name: _____

   How Name Should Appear On Card: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

   (21 Character Limit Including Spaces)

   Relationship: _____

   Date of Birth *(MM/DD/YYYY)*: _____ SSN/ITIN: _____ ☐ Check if ITIN

3. First Name: _____ Middle Initial: _____ Last Name: _____

   How Name Should Appear On Card: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

   (21 Character Limit Including Spaces)

   Relationship: _____

   Date of Birth *(MM/DD/YYYY)*: _____ SSN/ITIN: _____ ☐ Check if ITIN

For fast service, **fax** to 1-800-557-7328 or **mail** to PO Box 70046, Springfield, OR 97475-99012.

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