PENFED PLATINUM CASH REWARDS VISA® PLUS 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: _____

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understand and agree that in the event of the death of the member cardholder(s), the additional card assigned to me is no longer valid.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understand and agree that in the event of the death of the member cardholder(s), the additional card assigned to me is no longer valid.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

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