



## Credit Card Information Letter

Date (MM/DD/YY)
Member's Name
Credit Card Account No. (Last 4 Digits)

Dear \_\_\_\_\_,

We are pleased to furnish the following requested information concerning this credit card account:

Account Status			
Opening date (MM/DD/YY)	Current balance	<input type="checkbox"/> The account is open.	Last statement balance
Last payment amount	Last payment date (MM/DD/YY)	<input type="checkbox"/> This account was closed at the request of the cardholder.	
<input type="checkbox"/> This account was closed by Navy Federal.		Date	
The payoff amount is	Good through (MM/DD/YY)	PLUS interest and fees charged during the billing cycle. If the New Balance is less than \$20, the minimum payment is the amount of the New Balance (which includes any Past Due Amount.)	
The previous card ending in	Was closed on (MM/DD/YY)	<input type="checkbox"/> The cardholder has paid as agreed.	
As of the date of this letter, the credit limit on the account is		As a result, the new card ending in _____ was established.	

Transaction Information		
Merchant name		
Amount	Transaction date (MM/DD/YY)	Posting date (MM/DD/YY)

Cardholder Removal Information			
<input type="checkbox"/> Joint cardholder	Name: First	MI	Last
<input type="checkbox"/> Authorized user			Suffix
<input type="checkbox"/> The joint cardholder was removed on _____ and is no longer financially responsible for the account as of that date.			
Date (MM/DD/YY)			
<input type="checkbox"/> The authorized user was removed on _____ and was not financially responsible for the account.			
Date (MM/DD/YY)			

For Credit Card Inquiry Use Only

Account Auditor

Credit Card Servicing  
PO Box 3501  
Merrifield, VA 22119-3501  
1-888-842-6328