



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. Date	
<input type="checkbox"/> This account was closed by Navy Federal. Date		<input type="checkbox"/> The required monthly payment includes any amount past due PLUS the greater of \$20.00 OR the sum of 1% of the New Balance (excluding interest and fees) 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 payoff amount is	Good through (MM/DD/YY)	<input type="checkbox"/> The cardholder has paid as agreed.	
The previous card ending in	Was closed on (MM/DD/YY)		
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	Suffix
<input type="checkbox"/> Authorized user				
<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				
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Account Auditor

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