Navy Federal®

Credit Card Co-Applicant Deletion Request and Application

Access No.

Savings No.

Note: *This request can only be submitted by the Primary Cardholder. All requested fields must be completed and this form must be signed, where designated, for the deletion to be considered. Co-Applicants wishing to be removed must contact the Primary Cardholder and request that they complete this form. A Co-Applicant may request immediate closure of the joint account(s) by calling 1-888-842-6328, anytime.*

Statement of Acceptance

This is a request from _____ to remove _____ from our jointly-held Navy Federal Credit Card account(s) *(last 4 digits only)*. Account #1 ____ Account #2 ____ Account #3 ____

I agree to assume full responsibility for the balance of the account(s). I understand that I must qualify for the account independently, and that my qualification and credit line will be determined based on the information provided in the application below and a review of my overall creditworthiness.

Primary Cardholder's Signature	Date *(MM/DD/YY)*
▶	/ /

Closure Request

Please select one from the following options:

- ☐ My account(s) may be compromised. I request that the account(s) be closed upon receipt of this form. If my deletion request is approved, my account number(s) will be changed. The account(s) can be closed immediately by calling 1-888-842-6328, anytime.
- ☐ My account(s) is/are not compromised. I do not request that the account(s) be closed and will accept responsibility for any additional charges made by the Co-Applicant.
- ☐ I request closure of the joint account(s) if my deletion request is disapproved.

Primary Cardholder's Signature	Date *(MM/DD/YY)*
▶	/ /

Primary Cardholder Information

Address: Street	City	State	Zip Code

Email Address

Home Telephone No.	Mobile Telephone No.	Work Telephone No.
– –	– –	– –

Primary Income Source	Monthly Amount
	$

Additional Monthly Income Source*

☐ Retirement $_____ ☐ Part-time Employment $_____ ☐ Reserves $_____ ☐ Social Security $_____

☐ Alimony $_____ ☐ Rental Income $_____ ☐ Child Support $_____ ☐ Dividends $_____

☐ Disability $_____ ☐ Military Allowances/Special Pay $_____ ☐ Other $_____

Housing Type	Monthly Payment
☐ Own ☐ Buy ☐ Rent ☐ Government Housing ☐ Not Responsible	$

Statutory Lien: I acknowledge and pledge to Navy Federal a statutory lien in my shares and dividends on deposit in all joint and individual accounts and any monies held by Navy Federal now and in the future, to the extent of any loan made and any charges payable. The statutory lien does not apply to shares in any Individual Retirement Account.

Security Interest Specific for Credit Cards: I acknowledge and pledge, specifically as a condition of my use of the credit card, that I have voluntarily granted Navy Federal a security interest in all of my individual and joint share accounts at Navy Federal. If my credit card loan becomes delinquent, this security interest may be used without further notice to pay all or part of such delinquency. This security interest does not apply to shares in an Individual Retirement Account (IRA).

_____
Applicant's Initials

Additional Security Interest: I acknowledge and pledge to Navy Federal a security interest in the collateral securing loan(s) that I have with Navy Federal now and in the future, including any type of change or increase, and any proceeds from the sale of such collateral and of insurance thereon, not to exceed the unpaid balance of the loan. This security interest in collateral securing other loans does not apply to any loan(s) on my primary residence.

I authorize Navy Federal to obtain a consumer credit report in connection with this application for credit. I also authorize Navy Federal to obtain consumer credit reports and any other information about me for the purposes of increasing the credit line, reviewing or collecting this account, and evaluating my creditworthiness.

I certify that all statements made by me are true and accurate as of the date of this application and understand that any credit granted now or hereafter is made based on these statements.

* Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. In order to use certain types of income, an established history or evidence of continuance may be required.

Primary Cardholder's Signature	Date *(MM/DD/YY)*
▶	/ /

Please send form to: Navy Federal, PO Box 3501, Merrifield, VA 22119-3501, or fax to 703-206-4125.

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