

Credit Card Maintenance Form

Member Name:	EFCU Account Number:
EFCU Mastercard Account Number: Best Contact Number:	
Authorized Users	DOB:DOB:
and Disclosure. You are responsible for pay though the authorized user does not have for to the credit bureaus on the authorized user	er from my credit card account. I understand it is my responsibility
Account Change	ining balance owed on the card.
New Limit:	lease contact us to complete a new credit card application.
Member Signature:	

For Office Use Only: Processor/Branch

Date: