



Credit Card Upgrade Form

(Please Print Clearly)

Primary Owner Full Name	Primary Member Number
Joint Owner Full Name	Current Tower Mastercard Number (last 4 digits)
Address	Daytime Phone Number
Primary Owner Email Address	Joint Owner Email Address

I/We are requesting an upgrade from my current credit card to the selected below:

☐ **Tower World Mastercard®** ☐ **Tower Gold Mastercard®** ☐ **Tower Empower Mastercard®**

Please read Tower's [E-Communication and E-Signature Disclosure](#) and accept or decline to receive and sign documents electronically.

- ☐ I/We agree to receive and sign documents electronically.
☐ I/We decline to receive and sign documents electronically, please send me all disclosures via mail.

By signing below,

- I/We authorize Tower Federal Credit Union (Tower) to perform a soft pull of my credit report, which does not result in an inquiry captured on the report and will not affect my credit score, for purposes of this business transaction.
- I/We understand that all balances on my current card will be reflected on the upgraded card, subject to upgrade approval by Tower, and the terms and conditions on my upgraded card type will apply as described in the [credit card agreement and disclosure](#).
- I/We understand that existing balances will be transferred to the new card, but will retain their current Annual Percentage Rate (APR) for the life of the balance if the current APR is lower than the APR on the new card. Existing balances currently receiving a promo rate will remain under the original terms of the promotion.
- I/We understand this is a request to change card products, not credit limit or card holders.
- I/We understand that we may not be eligible for the preferred card choice. If ineligible for the preferred choice, Tower may offer an alternative or I/We may choose to remain in my/our existing product.
- I/We understand that any optional Credit Insurance or Debt Protection Coverage will not carry over to the upgraded card and have indicated interest in being contacted about coverage below.
 - ☐ Yes, I am interested in Debt Protection Coverage, please contact me to discuss available options.
 - ☐ No, I am not interested in Debt Protection Coverage.

Primary Owner Signature	Date	Joint Owner Signature	Date
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Please scan & email a completed copy of this form to onlineapplicationcenter@towerfcu.org or fax to 301-617-2786.

For Official Use Only:

Completed by CL Rep: _____	Teller #: _____	Ext.: _____	Date: _____
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