



Section 1. FREEDOM SHARE card Registration

PLEASE TYPE OR PRINT CLEARLY.		
First name:N	MI: Last name:	
Address:		
City:	State:	ZIP code:
Phone 1: Home I Work I Cell	Phone 2 (optional): □ H	Iome □Work □Cell
Email address (optional):		
Create a security question:	et did you grow up on? What wa	as your high school's mascot? etc.
Answer to the security question:	nd Avenue: Tiger: etc	
✓ I have read the information on this application and the		
Signature:		Date:
Share Card#:		
Section 2. Autoload Enrollment	. (Highly recommended)	
PATCO will charge your credit card the appropriate amount incuterminated or closed or this authorization is revoked in writing. Wri (Exception: If the applicant has an online account, the applicant receipt of the written authorization to terminate an account, PATC Service Center (877-373-6777, Monday-Friday, 7 a.m7 p.m.) to terminate and the applicant of the written authorization to automatically receipt of the written with the applicant of the applicant of the written authorization to terminate and the applicant of the written authorization to terminate and account, PATC Service Center (877-373-6777, Monday-Friday, 7 a.m7 p.m.) to the written authorization to terminate and the applicant of the written authorization to terminate and the applicant of the written authorization to terminate and the applicant of the written authorization to terminate and account, PATC Service Center (877-373-6777, Monday-Friday, 7 a.m7 p.m.) to the written authorization to terminate and the applicant of the written authorization to terminate and the applicant of the written authorization to terminate and the applicant of the written authorization to terminate and account, PATC Service Center (877-373-6777, Monday-Friday, 7 a.m7 p.m.) to terminate and the applicant of the written authorization to terminate and the applicant of terminate and terminate a	itten authorization must be supplied i t may request a temporary deactiva CO will discontinue charging the ass erminate an account. Users are requi	n writing at least ten days before account deactivation. tion that will last until the card is used again.) Upon ociated credit card. Users may also call the FREEDOM red to supply current/updated credit card information.
	asterCard® □Visa® □A	
Credit Card#:		Expiration //
Replenishment Amount: 🗆 \$30 🗆 \$50 🗆 \$75 🗖	∎\$100 🗖 Other (\$30 minimun	n):
Cardholder name:		
Billing address:		
City:	State:	ZIP code:
l authorize payment as selected, and certify that all	information contained in the a	application is true and accurate.
Cardholder signature:	Date:	