TO:

American Express

ATTN: SCRA // ServiceMembers Civil Relief Act

P.O. Box 981535

El Paso, TX 79998-1535

1-336-393-1111

Fax: 623-444-3000

PURPOSE: Apply SCRA Benefits to American Express account

FROM:

Email:

Address:

PHONE:

Work FAX:

DOB:

Reference Number:

1.) Active Duty – DD Form 4/1 and Title 32 Orders – copy included in fax

2.) Power of Attorney – No Power of Attorney assigned at this time.

3.) Written Request - Please apply SCRA benefits to accounts if possible

Please apply SCRA to two cards ending in:

Personal Card:

Business Card:

Notes:

Copy of recent Title 32 travel orders

Pages: