

**CHECK ONE:**

- New Registration*
- Change of Information*

**FREEDOM CARD # --- REQUIRED**

**FREEDOM Card Registration – for balance protection**

Customer Name:

Mailing Address 1:

Mailing Address 2:

City:

State:

Zip Code:

Phone 1:

Home/Work/Cell

Phone 2:

Email address (optional):

Security Question:

(ex. Where did I go to school?)

Cardholder Answer: (ex: 3<sup>rd</sup> Ward Elementary)

I have read the information on this application and the terms and conditions provided by PATCO, either in print on or on [www.ridepatco.org](http://www.ridepatco.org).

Signature:

Date:

You can use your Visa, MasterCard or American Express (credit only) to replenish your FREEDOM card automatically when the balance reaches a minimum of \$5.

**Billing Information –**

**ONLY for those customers choosing the AutoLoad Option**

Replenishment Amount: \$  
(minimum \$30)

Credit Card Type:      Master Card \_\_\_\_\_      VISA \_\_\_\_\_      American Express \_\_\_\_\_

Credit Card Number: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

Print Cardholder Name:

Billing Address:

City:

State:

Zip Code:

Email address (optional):

Phone:

Home/Work/Cell

Cardholder Question: (example: What is my mother's maiden name?)

Cardholder Answer:  
Smith (example only)

Cardholder  
Signature:

Date:

I authorize payment as selected, and certify that all information contained in the application is true and accurate.\*

\*See reverse side of this document

\*You authorize PATCO to charge your credit card (using the information entered above) the replenishment amount or the minimum charge of \$30 whenever your prepaid balance on your FREEDOM card falls below \$5. You authorize PATCO to charge your credit card the appropriate amount incurred under the terms of this agreement. You understand and agree that such charges will continue until your account is terminated or closed or you revoke this authorization in writing. You must supply written authorization at least ten days before account deactivation. Upon receipt of the written authorization to terminate your account, PATCO will discontinue charging your credit card. You authorize PATCO, in its discretion, to receive updated information about your credit card, including new account numbers and expiration dates, from the financial institution issuing your card.

Thank you for your interest in our FREEDOM Card Electronic Fare Media Program. Our Privacy Policy can be accessed at [www.ridepatco.org](http://www.ridepatco.org). We have created this Privacy Policy and Agreement (“Privacy Policy”) to explain how we protect and treat information you may provide to us through participation in the FREEDOM Card Program.

To file this New Registration form for a FREEDOM Card **purchased from the vending machine** or to file **Change of Information**,

Mail to:  
FREEDOM Card Service Center  
100 South Broadway  
Camden, NJ 08103

or

Turn in at:  
FREEDOM Card Service Center  
Broadway Station  
Walter Rand Transportation Center  
Hours: 7 a.m. to 7 p.m. on Weekdays

FREEDOM Card Customer Service is Available at 1-877-373-6777.

