



Removal of Authorized User

Form Instructions

- 1 - Complete all applicable fields
- 2 - Print completed form
- 3 - Sign and date the "Signature" section

4 - Mail to:
 Kinecta Federal Credit Union
 Attn: Card Services Dept
 P.O. Box 217 (CU/31)
 Manhattan Beach, CA 90267
 Fax to: 310.536.3280

Member Information:

Member Name

Member Number

MasterCard®/Visa® Card Number

Preferred Contact Number

I would like to remove the following Authorized User.

(name to be removed)

Signature:

I authorize Kinecta Federal Credit Union to fulfill my request to remove the above referenced Authorized User from my Kinecta Federal Credit Union MasterCard®/Visa® account.

Signature

Today's Date

Joint Cardholder Signature
(If applicable)

Today's Date

Acknowledgements:

I, the Primary Borrower(s), and any Joint Owner(s) understand that I (we) may remove the authorized user at any time, without consent or prior notice to the the authorized user.