



**KINECTA**<sup>™</sup>  
FEDERAL CREDIT UNION

1440 Rosecrans Ave.  
Manhattan Beach, CA 90266  
800.854.9846 • www.kinecta.org

CREDITCARDS

**REMOVAL OF AUTHORIZED USER**

<p><b>Form Instructions</b></p> <p><b>Complete</b> all applicable fields</p> <p><b>Print</b> completed form</p> <p><b>Sign</b> and date the "Signature" section</p>	<p><b>Mail to:</b> Kinecta Federal Credit Union Attn: Card Services, CU/31 P.O. Box 217, Manhattan Beach, CA 90267</p> <p><b>Fax to:</b> 310.536.3280</p>
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Member Information	
MEMBER NAME	MEMBER NUMBER
MASTERCARD® 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® 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.