



1440 Rosecrans Avenue, Manhattan Beach, CA 90266  
800.854.9846 | kinecta.org

## Removal Of Authorized User

### Form Instructions

**Complete** all applicable fields

**Print** completed form

**Sign** and date the "Signature" section

### Mail to:

Kinecta Federal Credit Union  
Attn: Card Services, CU/15  
P.O. Box 217, Manhattan Beach, CA 90267

**Fax to:** 310.727.8208

### 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.