



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

Request To Cancel Credit Card Account

| | | | | |
|--------------|-------------|----------------|----|-----|
| Title | First Name: | Last Name | | |
| Member No | | Credit Card No | | |
| Address | | City | St | Zip |
| Home Phone | | Work Phone | | |
| Mobile Phone | | Email | | |

Please CLOSE my Kinecta Federal Credit Union credit card account and include a notation in the report to the credit bureaus that the account was "closed by request of cardholder." I have advised any merchants to cancel any automatic billing or recurring charges that are attached to this card. (Check Here)

To assist us please tell us why you have cancelled your credit card account:

Dissatisfied Do Not Need Other (Please explain) _____

By submitting this request, I authorize and acknowledge the cancellation of my Kinecta Federal Credit Union credit card account. The cancellation of my Kinecta Federal Credit Union credit card account will not affect my ability to access my Kinecta Federal Credit Union account(s). I understand that any applicable fees for the current month will be assessed to my account next month. I agree to continue to pay the outstanding balance, if any, according to the credit card agreement. Once this request is processed, the Kinecta Federal Credit Union credit card account referenced above will be closed.

Signature Date

Please return this form:

By Mail: Kinecta Federal Credit Union, PO Box 217 Manhattan Beach, CA 90267-9980

By Fax: 310.727.8208