



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

Removal Of Authorized User

<p>Form Instructions</p> <p>Complete all applicable fields</p> <p>Print completed form</p> <p>Sign and date the "Signature" section</p>	<p>Mail to: Kinecta Federal Credit Union Attn: Card Services, CU/15 P.O. Box 217, Manhattan Beach, CA 90267</p> <p>Fax to: 310.727.8208</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.