

Date Received

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

Request To Reduce Credit Limit

Date	Member Nur	mber	Loan Number		
First Name		Last Name	Last Name		
Address		-			
City	State		Zip		
I/vvo vindouston d that the falls	suine conditions annie to	this supplied limit up	dustine vocunet.		
 The processing of this requileft available to you. 				nd the amount of credit	
Your amended credit limit v	vill appear on your monthl	y billing statement.			
 Once the limit reduction ha complete a new loan applic 		cta, you will not be a	able to increase your limit. Yo	ou are required to	
• The balance owing on your	account must be below th	ne requested limit, c	on the day Kinecta is to proce	ess your request.	
By signing below, I (we) reque	est that my (our) current	credit limit be decr	eased as follows:		
\$		\$	\$		
Current Limit		New Limit	New Limit		
					
Borrower's Signature				Date	
Borrower's Signature				Date	
		1		<u>'</u>	
IF NOT SIGNING ELECTRONI	CALLY, PLEASE RETURN	THIS FORM FOR F	PROCESSING:		
By Fax: 310.727.8225 Attention: Loan Servicing					
By Mail: Kinecta Federal Credit Union Attention: Loan Servicing CU 2100 Park Place El Segundo, CA 90245					
By Email: loanservicing@kinect	a.org				
By visiting any Kinecta Membe	er Service Center				

1 of 1 27661-08/15/22

Processed By