

Debit Card Authorized User Removal Request

Form Instructions

- 1 – Complete all applicable fields
- 2 – Print completed form
- 3 – Sign and date the 'Signature' section

4 – Mail to:

Delta Community Credit Union
ATTN: Card Services Department
Dept. 930/ATG **or** P.O. Box 20541
Atlanta, GA 30320-2541
Or fax to: 404-677-4699

Primary Member Information

Member Name

Visa Account Number

Social Security Number

Delta Community CU Account Number

Authorized User Information

Authorized User Name

Debit Card Account Number

Social Security Number

Delta Community CU Account Number

Signature

I authorize Delta Community Credit Union to fulfill my request and please remove the Debit Card authorized user from my existing account.

Existing card account should be closed immediately.

Member (Applicant) Signature

Today's Date

Internal Use Only

User ID

Date Processed

