

## Check 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

