

Credit 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: Loan Servicing Department
P.O. Box 20541
Atlanta, GA 30320-2541
Or FAX to: 470-351-6628

Primary Member Information

Member Name

Visa® Credit Card Number

Delta Community Member Number

Daytime Phone Number

Authorized User Information

Authorized User Name

Social Security Number

Delta Community Member Number

Signature

I authorize Delta Community Credit Union to fulfill my request to cancel the above-referenced Authorized User from my Delta Community Visa Credit Card Account.

Signature

Date

Internal Use Only

User ID

Date Processed