

## Credit Card Authorized User Removal Form

<p><b>Form Instructions</b></p> <p>1 – Complete all applicable fields          2 – Print completed form          3 – Sign and date the ‘Signature’ section</p>	<p>4 – Mail to:          Delta Community Credit Union          ATTN: Consumer Lending Department          P.O. Box 20541          Atlanta, GA 30320-2541          Or fax to: 404-762-7539</p>
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### Member Information

Member Name	Visa Card Number	Delta Community CU Account Number
Social Security Number	Daytime Contact Number	

I would like to remove my existing **Authorized User**

The existing account should be closed:  **Immediately** *(all cards including yours will be blocked immediately)*

**After new account is processed** *(authorized user will be able to use card(s) while new is being processed)*

### 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 to cancel the above referenced Authorized User from my Delta Community CU VISA account.

Member Signature	Today's Date
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#### INTERNAL USE ONLY

New Credit Limit	<input type="checkbox"/> <b>Approved</b>	Date	Signature & User ID
	<input type="checkbox"/> <b>Denied</b>	Date	Signature & User ID
			Denial Codes

