

Credit Union Use Only

Primary Name: _____

Account #: _____



Visa® Authorized User Cancellation Form

I, _____ am requesting that the following authorized user information is
(Primary member name - please print) **changed on my Visa account.**

Primary Member Signature _____ Account Number _____ Date _____

() () ext. _____

Home Phone *(Required)* _____ Work Phone *(Required)* _____

Visa Card Number _____

Please remove this person from my account as an authorized user:

Authorized User's Name *(Please print)* _____

Social Security Number _____ Date of Birth *(MM/DD/YY)* _____

Driver's License Number State _____ Expiration Date *(MM/DD/YY)* _____

Credit Union Use Only

Processed By _____ Date _____

MAIL TO: SkyOne Federal Credit Union
ATTN: Card Services
P.O. Box 5003
Hawthorne, CA 90251-9801

FAX TO: SkyOne Federal Credit Union
ATTN: Card Services
310.491.7471