



Authorized User Removal Request

Date: _____

Account No.: _____

I _____ would like to remove _____
(Member name) (Authorized User)

from my Visa Credit Card # _____.

Telephone No.: _____

Email Address: _____

Note: To remove a credit card joint owner, please contact the loan department. The member keeping the credit card may need to re-qualify and sign an updated credit card agreement.

Complete from and return to cardservices@truenergyfcu.org Fax: 703-354-0103

Member Signature

Date

6801 Industrial Road
Springfield, Virginia 22151
703.750.4394 / 800.952.3999
703.354.0103 Fax
www.truenergyfcu.org