



# Authorized User Removal Form - Credit Card

Account Information		
Primary Account Holder Name:		
Joint Account Holder Name: <i>(if applicable)</i>		
Account Number: <i>(Last 4 Digits)</i>	Phone Number:	Email Address:
Authorized User Information (To Be Removed)		
Full Name:		
Date of Birth:	Card Number: <i>(Last 4 Digits)</i>	
Removal Details		
Effective Date of Change:		
Reason for Removal: <i>(check one)</i>	<input type="checkbox"/> Primary Account Holder Request	<input type="checkbox"/> Loss/Theft of Authorized User Card
	<input type="checkbox"/> End of Relationship	<input type="checkbox"/> Dispute of Unauthorized Authorized User Charges
	<input type="checkbox"/> Other: _____	
Authorized User Card Status		
<input type="checkbox"/> The primary account holder has the card and will return or destroy it		
<input type="checkbox"/> The card cannot be retrieved		

**Effect on Account:** Removing an authorized user will cancel the authorized user's card and revoke their ability to make charges. The primary account holder remains solely responsible for all balances, including charges made prior to removal.

**Outstanding Balances:** Removing an authorized user does not eliminate any outstanding balance. The primary account holder remains fully liable.

**Notification to Authorized User:** Northrop Grumman Federal Credit Union may notify the authorized user of this change as required. The primary account holder is encouraged to notify the authorized user directly.

**Processing Time:** Requests are typically processed within 1–3 business days. Until processing is complete, the primary account holder remains responsible for monitoring account activity.

**Recurring Charges:** It is the account holder's responsibility to update any recurring payments tied to the authorized user's card. The credit union is not liable for missed payments or service interruptions.

**Right to Re-Add:** The primary account holder may re-add the authorized user in the future, subject to credit union policies.

**Fraudulent Activity:** If this request is due to suspected fraud, please contact Member Services for next steps in addition to submitting this form.

**By signing below, I certify that I am the primary account holder on this account, that the information provided is accurate and complete, and that I authorize Northrop Grumman Federal Credit Union to remove the authorized user listed above. I acknowledge that I have read and understand all disclosures.**

X \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE OF PRIMARY ACCOUNT HOLDER:

*Joint Account Holder Authorization Required*

X \_\_\_\_\_ DATE \_\_\_\_\_  
JOINT ACCOUNT HOLDER SIGNATURE: