



<i>For Credit Union Use Only</i>	
M	_____
A	_____

## Request to Remove Authorized Cardholder

Date: \_\_\_\_\_

Member's Name: \_\_\_\_\_  
 (Primary Cardholder)

GTE Credit Card Account  
 or Health Savings Account Number: \_\_\_\_\_

Please delete the additional card for \_\_\_\_\_ (name),  
 \_\_\_\_\_ (relationship to Primary Cardholder).

As the primary cardholder, I understand that I am fully responsible for all charges made by the authorized cardholder before removal from account.

\_\_\_\_\_  
 Primary Cardholder's Signature

\_\_\_\_\_  
 Authorized Cardholder's Name (please print)

\_\_\_\_\_  
 GTE Financial Member Number

\_\_\_\_\_  
 Authorized Cardholder's Signature

This request can be faxed to 813.414.8447 to speed your card order;  
 however, the original completed form must be mailed to this address.

GTE Financial  
 ATTN: Member Card Services  
 P.O. Box 172599  
 Tampa, FL 33672-0599

