



***Instructions: Credit Card Maintenance Form***

Thank you for choosing Redstone Federal Credit Union®. To process your Credit Card Maintenance Form, please take the attached form to any branch location, or choose one of the following options:

Mail: Redstone Federal Credit Union  
Attn: Member Support Services  
220 Wynn Drive  
Huntsville, AL 35893

or

Secure Email: Go to <https://www.redfcu.org/contact-page.html>, click on Secure Email form near the bottom of the page. First time users will be asked to register. Once registered, attach your signed Credit Card Maintenance Form and send.

or

Fax: (256) 722-3655

Identification required for all changes requested. Notary required to add or remove an Authorized User.

Adding an Authorized User - New cards with the same number will be ordered for each cardholder.

Removing an Authorized User - Your current card will be status Lost and a new card number will be ordered for each cardholder remaining.

Closing your card - You will be responsible for any remaining balance owed on the card. Any card you received from us is the property of the Credit Union and must be returned to us at the time of account closing. You may return the card by cutting it in half and mailing it to us or dropping it off with one of our employees at any of our branches.

Increasing the limit on your share secured card - Tell us where you want to debit the funds from to increase your limit.



### Credit Card Maintenance Form

Member Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

#### Authorized Users - Notary and Identification required

Add Authorized User *(All Cardholders will receive a new credit card with the same numbers)*

Authorized User Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Remove Authorized User *(All cards on account will be closed and new card number issued.)*

Authorized User Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

#### Account Change - Identification required

Close Account Reason: \_\_\_\_\_

Credit Limit Reason: \_\_\_\_\_ New Limit: \_\_\_\_\_

*(Use to Increase Share Secured Visa® only and Decrease current limit)*

**Note:** Use comments to specify what share account to transfer to your Share Secured Visa account if requesting an increase.

#### Comments

Member Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### For Credit Card Services Use Only

Maintenance Performed By: \_\_\_\_\_ Date: \_\_\_\_\_

Visa is a trademark of Visa International Service Administration.

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_ hereby certify that \_\_\_\_\_, whose name(s) is/are signed to the foregoing, and who is known to me, acknowledged before me on this day that he/she has read the foregoing and is informed of the contents thereof, and that the facts alleged therein are true and correct, and that he/she executed the same voluntarily on the day the same bears date.

Sworn to and subscribed to me this the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires