



**REMOVAL OF JOINT OWNER**

I/We authorize the Credit Union to make and accept the following changes to my/our accounts.

I agree to the removal of my name(s) and relinquish ownership interest including any membership share in the account set forth below. This relinquishment does not affect my/our obligation on any loan accounts. I/We agree that this change amends the signed Account Card and are subject to the terms and conditions of the Membership and Account Agreement.

Account Number: \_\_\_\_\_

Primary Account Holder: \_\_\_\_\_

Joint Account Holder: \_\_\_\_\_

Joint Account Holder: \_\_\_\_\_

**Signature(s) of name(s) to be removed from account:**

Print name: _____	SSN: _____
Signature: _____	DOB: _____
Notary _____	Date _____
Commission Expires _____	

Print name: _____	SSN: _____
Signature: _____	DOB: _____
Notary _____	Date _____
Commission Expires _____	