

Credit Union 1 Joint Ownership Deletion

Account Name: _____
(Printed Account Name)

Account Number: _____

I, _____, request that I be removed as a joint owner from the above account.
(Printed Joint Owner Name)

I no longer have any interest in the said account.

(Joint Owner Signature)

(Date)

SIGNATURE MUST BE NOTARIZED IF SIGNED OUTSIDE A CREDIT UNION 1 OFFICE

State of: _____

County of: _____

This instrument was acknowledged before me on this _____ day of _____ 20_____.

By: _____
(Notary Printed Name)

(Notary Signature)

(Seal)

SIGNATURE MUST BE WITNESSED IF SIGNED WITHIN A CREDIT UNION 1 OFFICE

Witnessed by: _____
(Teller Number)

Date: _____

Employee Signature: _____

Credit Union 1 Purposes Only:

BranchOps: Delete Joint Stop Payment Check Order ODLOC Email Group_Joint Delete

Group Cards: Debit Card

Group MemberServices: Certificates

Group IS: Optical

YOUR SAVINGS INSURED TO \$250,000 PER ACCOUNT

 AMERICAN SHARE INSURANCE

By members' choice, this institution is not federally insured.



Credit Union 1

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