

Primary Member

Member Name		Member Number		Effective Date	
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Joint Owner Requesting to be Removed

Joint Owner Name		Social Security #		Date of Birth	
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I understand that all rights as a joint owner of the account(s) listed below are relinquished and that I can no longer obtain information or make transactions on any of these accounts. Your removal from one or more accounts will result in removal from any online banking or other electronic means to access these accounts. To remove someone from a credit card or loan, please visit your local branch, chat with us online at www.creditunion1.org, or call us at (800)-252-6950 during normal business hours.

Account Removal

Savings Account #'s		Checking Account #'s	
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MM Account #'s		Certificate Account #'s	
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Member Authorization

Joint Owner (1) Signature Date

Notary Acknowledgement

Notary **REQUIRED** if form is not completed and signed in front of a Credit Union 1 authorized employee.

State of _____

County of _____

Signed and sworn to (or affirmed) before me on _____ by _____
Date (MM/DD/YYYY) Notary Public (Printed Name)

(Notary Seal)

X _____
Notary Public Signature

Witness Acknowledgement

Witnessed By: _____
Employee Name

Employee Signature: _____ Date: _____

Office Use Only	_____ Employee Name	_____ Branch Location	_____ Date
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