Credit Union 1

creditunion1.org

Joint Ownership Deletion

Account Name:	(Printed Account Name)	Account	Number:		
		, request that I be removed as a joint owner from the above account.			
I no longer have any inter	rest in the said account.				
(Joint	Owner Signature)			(Date)	
SIGNATURE	EMUST BE NOTARIZED) IF SIGNED OL	JTSIDE A CRED	IT UNION 1 OF	FICE.
State of	County of			-	
Subscribed and sworn to	before me this o	day of		_ 20	
By:	otary Printed Name)			(Notary Signature)	
(Seal)					
SIGNATUR	E MUST BE WITNESSE	D IF SIGNED W	/ITHIN A CREDI	T UNION 1 OFI	FICE.
Witnessed by:		ire:		I	Date:
Credit Union 1 Purposes	Only:				
Member Solutions Team: O De	-	○ Debit Cards	⊖ Stop Payment	○ Certificates	O ODLOC
O Er	nail Group_Joint Delete				
Lending Solutions Team: O	DLOC Tech Solutions	Team: 〇 Optical			