

AUTHORIZATION TO REMOVE JOINT OWNER

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CONFIDENTIAL

Note: Removal of a joint owner requires consent of the joint owner to be removed. The removed joint owner relinquishes ownership interest including any membership share account(s) designated below. This relinquishment does not affect your obligation to any loan account(s).

If a member is being removed from an account, all associated plastic cards for electronic access will be canceled for that owner.

Name of Owner being removed _____

Address _____

Signal Financial FCU account number _____

To whom it may concern:

I, _____, consent to have my name removed as
NAME
joint owner on account number _____.

SIGNATURE OF OWNER BEING REMOVED

DATE

NOTARY STATEMENT

State of _____ County of _____ (SEAL, IF ANY)

Subscribed and sworn before me this _____ day of _____, _____.
DAY MONTH YEAR

Personally known OR Produced identification _____.

My commission expires on _____.

NOTARY'S SIGNATURE

DATE

Please mail original to:

Signal Financial Federal Credit Union
Attention: Member Services
3015 University Boulevard, West
Kensington, MD 20895

FOR CREDIT UNION USE

Request completed by _____ (PLEASE PRINT) Date _____ Branch _____