Addition Financial
Joint Removal Form

_____ **Member Number**

_____ **Date**

Account Removal

Primary Member's Name:_____

Remove:_____ **from the following share accounts:** _____.
List suffix or "all"

_____
Joint Member's Signature

Note: Member Service Request Form must be completed for all remaining owners staying on the account. Removal from any existing loan accounts requires re-qualification of the member through the lending department.

Debit Card Removal

Primary Member's Name:_____

Remove:_____

as joint/authorized user on the Debit card agreement of:_____

_____ **OR** _____
Joint/Authorized Card User's Signature — Primary Member's Signature

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Signatures Witnessed by a Credit Union Employee:_____

THIS NOTARY SECTION MUST BE COMPLETED IF SIGNATURE(s) NOT WITNESSED BY A CREDIT UNION EMPLOYEE.

Sworn to or affirmed before me this _____day of _____, 20_____. by means of ___ physical presence or ___ online notarization, by _____, who is ___ personally known to me or ___ who has produced _____ as identification.

_____
Notary's Signature

Credit union use only

Place MSR initials below for all completed steps:

_____ (int) Removed joint from all applicable accounts
_____ (int) Collected debit card of joint being removed
_____ (int) Block debit card for joint in XP2
_____ (int) Placed Stop/Alert in XP2 that Member Service Request Form is required (if primary member was not in office)
_____ (int) Received/Uploaded Member Service Request Form (if primary member was in office)