

### Remove Joint Owner Form

 Account # \_\_\_\_\_ # \_\_\_\_\_  
 # \_\_\_\_\_ # \_\_\_\_\_

**Instructions:** All owners (whether being removed or not) **must sign** this form. This form cannot be used to remove the primary member from the account. This form is good for 30 days, pending all joint owners to sign.

#### MEMBER INFORMATION

 Name \_\_\_\_\_  
 Type of ID \_\_\_\_\_ ID # \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

#### JOINT OWNER (1) [ ] Remove [ ] Remain

 Name \_\_\_\_\_  
 Type of ID \_\_\_\_\_ ID # \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

#### JOINT OWNER (2) [ ] Remove [ ] Remain

 Name \_\_\_\_\_  
 Type of ID \_\_\_\_\_ ID # \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

#### JOINT OWNER (3) [ ] Remove [ ] Remain

 Name \_\_\_\_\_  
 Type of ID \_\_\_\_\_ ID # \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

#### REMOVING SIGNATURES

My signature acknowledges a release of all my rights, title, and interest in the account listed above, and I will indemnify, defend, and hold harmless Firefighters First Credit Union and its directors, officers, employees and agents for and against any and all claims regarding the account identified herein and any and all action that I have taken in the past or may take in the future in relation to the account. This release of interest in the account does not affect my obligation on any loan account.

 Removing Joint Owner (1) Signature \_\_\_\_\_ Date \_\_\_\_\_ Branch Witness \_\_\_\_\_  
 Removing Joint Owner (2) Signature \_\_\_\_\_ Date \_\_\_\_\_ Branch Witness \_\_\_\_\_  
 Removing Joint Owner (3) Signature \_\_\_\_\_ Date \_\_\_\_\_ Branch Witness \_\_\_\_\_

#### REMAINING SIGNATURES

By signing below, I acknowledge I am responsible for the custody and control of ALL checks and/or VISA debit cards associated with this account and I am responsible for changing all Security Codes associated with Telephone and Online Banking Services. I acknowledge that all previously established beneficiary(s) would remain in effect. I will indemnify, defend and hold harmless Firefighters First Credit Union and its directors, officers, employees, and agents for and against any and all claims regarding the account identified herein and any and all actions (including without limitation account access) in past or in the future in relation to the account.

 Member Signature \_\_\_\_\_ Date \_\_\_\_\_ Branch Witness \_\_\_\_\_  
 Remaining Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_ Branch Witness \_\_\_\_\_  
 Remaining Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_ Branch Witness \_\_\_\_\_

#### CREDIT UNION USE ONLY

 Date Changed \_\_\_\_\_ Changed by \_\_\_\_\_ Membership Officer \_\_\_\_\_  
 Cancel Debit Card   
  Cancel Automatic Transfers   
  Cancel Direct Deposit   
  Virtual Access/Bill Pay

# Remove Joint Owner Form

## Primary Member

**Notary Signature Affidavit Below: Required when submitting by mail or when signer is not present.**

Subscribed and sworn to me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and I \_\_\_\_\_, a notary public, do certify that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ (name of signer) whose identity was provided to me:

Issuer- \_\_\_\_\_ Type of ID- \_\_\_\_\_ ID number- \_\_\_\_\_ Issue date- \_\_\_\_\_ Expiration date- \_\_\_\_\_ on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above/attached document.

Notary Public \_\_\_\_\_  
State of \_\_\_\_\_ County of \_\_\_\_\_



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## Joint Owner (1)

**Notary Signature Affidavit Below: Required when submitting by mail or when signer is not present.**

Subscribed and sworn to me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and I \_\_\_\_\_, a notary public, do certify that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ (name of signer) whose identity was provided to me:

Issuer- \_\_\_\_\_ Type of ID- \_\_\_\_\_ ID number- \_\_\_\_\_ Issue date- \_\_\_\_\_ Expiration date- \_\_\_\_\_ on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above/attached document.

Notary Public \_\_\_\_\_  
State of \_\_\_\_\_ County of \_\_\_\_\_



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## Joint Owner (2)

**Notary Signature Affidavit Below: Required when submitting by mail or when signer is not present.**

Subscribed and sworn to me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and I \_\_\_\_\_, a notary public, do certify that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ (name of signer) whose identity was provided to me:

Issuer- \_\_\_\_\_ Type of ID- \_\_\_\_\_ ID number- \_\_\_\_\_ Issue date- \_\_\_\_\_ Expiration date- \_\_\_\_\_ on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above/attached document.

Notary Public \_\_\_\_\_  
State of \_\_\_\_\_ County of \_\_\_\_\_



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## Joint Owner (3)

**Notary Signature Affidavit Below: Required when submitting by mail or when signer is not present.**

Subscribed and sworn to me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and I \_\_\_\_\_, a notary public, do certify that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ (name of signer) whose identity was provided to me:

Issuer- \_\_\_\_\_ Type of ID- \_\_\_\_\_ ID number- \_\_\_\_\_ Issue date- \_\_\_\_\_ Expiration date- \_\_\_\_\_ on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above/attached document.

Notary Public \_\_\_\_\_  
State of \_\_\_\_\_ County of \_\_\_\_\_

