

Remove Joint Owner FormAccount # _____ # _____
_____ # _____

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 INFORMATIONName _____
Type of ID _____ ID # _____ Issue Date _____ Expiration Date _____**JOINT OWNER (1)** ☐ Remove ☐ RemainName _____
Type of ID _____ ID # _____ Issue Date _____ Expiration Date _____**JOINT OWNER (2)** ☐ Remove ☐ RemainName _____
Type of ID _____ ID # _____ Issue Date _____ Expiration Date _____**JOINT OWNER (3)** ☐ Remove ☐ RemainName _____
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 _____ Date Approved _____
☐ Cancel Debit Card ☐ Cancel Automatic Transfers ☐ Cancel Direct Deposit ☐ Virtual Access/Bill Pay ☐ Remove Draw acct from Joint

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 _____



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 _____



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 _____



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 _____

