

Account Number



Member Number  
Member Name

# Authorization to Remove Signer

## Account Information

Type of Account
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## Signer Being Removed from Account

The undersigned person(s) does hereby waive all right, title and interest which he or she may now have or which may accrue to him or her, for funds now on deposit in the above account, all sums paid in on shares, and all income, benefits, and accumulations therein. The undersigned further assigns his or her interest in said account and consents to said funds being paid over to the remaining owner(s) on the account.

Name _____		Social Security Number _____	
<input type="checkbox"/> Non-Tax Owner <input type="checkbox"/> Trustee <input type="checkbox"/> Additional Signer <input type="checkbox"/> Custodian (minor <b>under</b> 18 years of age) <input type="checkbox"/> Custodian (minor <b>over</b> 18 years of age)			
<input type="checkbox"/> Other: _____			
Account Role _____			
Signer's Signature _____		Printed Name _____	
		Date _____	

This document must be notarized if not signed in the presence of a DFCU Financial employee.

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization  
 in \_\_\_\_\_ County, State of \_\_\_\_\_,  
 on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

Notary Public's Signature \_\_\_\_\_

Notary Stamp \_\_\_\_\_

Affix Seal Here

**FOR CREDIT UNION USE ONLY**

DATE \_\_\_\_\_ BRANCH \_\_\_\_\_ EMPLOYEE \_\_\_\_\_