



Chen-Del-O Federal Credit Union

114 Main Street - P.O. Box 102
Franklin, New York 13775-0102
607-829-3560 - 800-462-0320
Fax 607-829-3561

JOINT OWNER REMOVAL AUTHORIZATION

DATE _____ ACCOUNT NUMBER _____

FIRST OWNER MEMBER NAME _____

JOINT OWNER NAME _____

STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE
ME THIS ____ DAY OF _____

I _____ AM THE JOINT OWNER
ON THE ABOVE NAMED ACCOUNT. I WISH TO HAVE MY NAME REMOVED
FROM THE ABOVE NAMED ACCOUNT. I HEREBY RELINQUISH ALL
OWNERSHIP INTEREST IN THIS ACCOUNT. I UNDERSTAND THIS
RELINQUISHMENT DOES NOT AFFECT MY OBLIGATION ON ANY LOAN
ACCOUNT (S).

SIGNATURE OF NOTARY
AND SEAL

** PLEASE ATTACH A COPY OF DRIVERS LICENSE

JOINT OWNER SIGNATURE _____

WITNESSED BY _____

** MUST BE SIGNED IN THE PRESENCE OF A CHEN-DEL-O FCU EMPLOYEE OR A NOTARY PUBLIC**