

JOINT REMOVAL

Date: _____

I _____ authorize Holy Rosary Regional Credit Union to remove my name as joint owner of account (s) _____. The primary member _____ understands they are responsible for any outstanding checks, debits/atm withdrawals, or ach withdrawals established on the above mentioned account.

Primary Signature _____

Date of Signature _____

Notary Signature _____

Notary Seal

Joint Signature _____

Date of Signature _____

Notary Signature _____

Notary Seal

For Credit Union use only:

_____ Verified Signatures

_____ Obtained Joint Plastics, Closed with Card Services

_____ Verified current ACH withdrawals

FSA _____