



Instructions: All owners (whether being removed or not) must sign this form. This form cannot be utilized to remove the primary member from the account.

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 OneAZ 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/credit cards associated with this account and I am responsible for changing all Security Codes associated with Telephone and Online Banking Services. I will indemnify, defend and hold harmless OneAZ 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 _____ Branch # _____

- Cancel Debit Card Cancel Automatic Transfers Credit Card Cancel Direct Deposit
- Virtual Access/Bill Pay Line of Credit

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 ___

[Empty box for signature]

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 ___

[Empty box for signature]

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 ___

[Empty box for signature]

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 ___

[Empty box for signature]