



Remove Joint Owner Form

Primary Owner Information

Account Number: _____ Email Address: _____
 First Name: _____ Middle Initial: _____
 Last Name: _____ Maiden Name (if applicable): _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

Remove a Joint Owner (If the joint owner will not be present at the credit union when removed from account, a notary authorization is required.)

Joint Owner First Name: _____ Middle Initial: _____
 Last Name: _____ Maiden Name (if applicable): _____
 Social Security Number: _____ Date of Birth: _____
 Date of Death (Certified Certificate Required): _____ Suffix Removed From: _____

Joint Owner Disclosure

My signature below acknowledges a release of all my rights, title, and interest in the account listed above as of the date of my signature, and I hereby agree to indemnify, defend, and hold harmless EP Federal Credit Union and its directors, officers, employees and agents from and against any and all losses, damages, causes of action or other claims relating to or arising out of the account identified herein, including any and all actions and inactions that the credit union and/or other joint owner on such account may have taken in the past or may take in the future in relation to such account. This release of my rights, title, and interest in the account does not affect my obligation to any outstanding loans on this account and does not affect my obligation on any account other than the account specifically identified herein.

Joint Signature Authorization

Joint Owner's Signature: _____ Date: _____

Notary Authorization (If the joint owner will not be present at the credit union when removed from account, a notary authorization is required.)

I, _____, agree to the removal of my name as a
(Print Joint Owner Name)

Joint Owner on the above account(s) with EPFCU.

Joint Owner's Signature: _____ Date: _____

On _____ before me, _____, Notary Public, personally
(Date) (Notary)

appeared _____ personally known to be (or proved to me on the basis of
(Print Joint Owner Name)

satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument. WITNESS by my hand and official seal.

(Notary Stamp Here)

Signature _____ My commission expires _____
(Notary Signature)

Primary Owner Disclosure

By signing below, I acknowledge and agree that 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 establishing and subsequently changing all Passwords, Security Questions, and Security Codes associated with Telephone and Online Banking Services associated with the account. I further acknowledge that as the primary account holder on this joint account, EP Federal Credit Union shall have no liability to me in the event that the joint owner is removed from the account and that I shall be responsible for any and all then pending transactions (i.e. pending at the time the joint owner removes himself or herself from the account) which have not yet posted to the account, for collecting all ATM/debit cards issued to any other joint owner, and/or for closing out the joint account and establishing a new single member account, if I so desire. I hereby agree to indemnify, defend and hold harmless EP Federal Credit Union and its directors, officers, employees, and agents from and against any and all losses, damages, causes of action and other claims relating to or arising out of my failure to take any such actions with respect to the account and any access to or action or inaction taken on the account by such other joint owner after the date on which such owner removes himself or herself from the account.

Primary Signature Authorization

Primary Owner's Signature: _____ Date: _____

For Credit Union Use Only All debit cards closed Reorder debit cards Update Account Application

Completed By: _____ Date: _____