



TERMINATION OF JOINT OWNER

Account Owner Name: _____

I, _____, joint owner of account # _____ at Healthcare Employees Federal Credit Union (HEFCU), hereby terminate my status as joint owner of the account, together with any and all claims, rights, title and interest in any and all funds in the account from this day forward, including but not limited to funds deposited into the account in the future*. I also acknowledge and agree that those funds are owned by the remaining owner(s). The Credit Union will no longer honor my signature, personal identification number, access device or other method of withdrawal with respect to any transactions relating to the account. I further acknowledge and agree that I will not sign, use, or allow the use of any personal identification number, access device or other method of withdrawal relating to this account.

*** I agree to defend and indemnify this account and hold the Credit Union harmless from any claims by any person related to my status as a joint owner of the account, including but not limited to deposits to or withdrawals from the account.**

Signature of Joint Owner

Date

I, _____, primary owner of account # _____, understand that it is my responsibility to change all PIN numbers and passwords on my account(s).

Signature of Primary Owner

Date

Date Received

Member Service Representative

NOTE: The completion of this form does not affect your signature card on file at the Credit Union. You still need to contact the Credit Union to sign a new signature card.

PRIMARY MEMBER INFORMATION ONLY

Current Address: _____

Current Phone Number: _____

Email Address: _____

Current Mobile Number: _____

Mother's Maiden Name: _____

Employer: _____

Work Phone Number: _____