



JOINT OWNER REMOVAL

Primary member Name: _____

Joint Owner(s) Name: _____

Account Number: _____

I, as the joint owner of the above referenced account, am requesting to be *removed as the joint owner*. I understand that in being removed, I will no longer be able to transact business on this account from this day forward. I understand that being removed as the joint owner does not change any liability on any loan or credit card that I may be joint on. As the joint owner, I understand that any ATM or Debit Card issued in my name will be closed so that no further access is granted. I also understand that all outstanding share drafts will be paid from the share draft account, providing there are sufficient funds in the account at the time of payment.

Joint Owner Signature

Date

Witnessed by SUN Credit Union Employee

Note: This form must be notarized if not signed in the presence of a Sun Credit Union employee.

STATE OF FLORIDA)

COUNTY OF BROWARD)ss

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ who is personally known to me or who has produced a _____ driver's license or identification and who did/did not take an oath.

My Commission Expires:

Signature

Print Name

Notary Public, State of _____