



Account Owner Removal Authorization

Use this form to:

Authorize removal of an account owner from a Wailuku FCU account.

Before continuing, please answer the following:

1. Wailuku FCU uses the social security number of the primary account owner for tax reporting purposes. Please retain your account statements for proper tax reporting.
2. Is this service being conducted in the branch and in presence of a Wailuku FCU staff member?
☐ Yes- Proceed with completing this form.
WFCU Staff ID# _____ Date: _____
☐ No- This form needs to be signed in the presence of a notary.
3. Is the account owner requesting to be removed living?
☐ Yes- Proceed with completing this form.
☐ No- To delete a deceased account owner, please provide a copy of the death certificate.
WFCU Staff- please complete the deceased account owner checklist.
4. Is the account owner requesting to be removed free from any outstanding account obligations such as outstanding balances on loans/lines of credit?
☐ Yes- Proceed with completing this form.
☐ No- All outstanding account obligations must be met before being removed from the account.

Account Owners Select owner to remove: <input type="checkbox"/> _____ <input type="checkbox"/> _____	Account Number
Reason for Removal <input type="checkbox"/> Account owner is deceased ○ attach death certificate ○ WFCU Staff- please complete the deceased account owner checklist <input type="checkbox"/> Account owner disclaims ownership. Read and sign this form.	

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By signing below:

I request that my name be removed from the account referenced above.

I relinquish my rights to all assets held in this account.

I understand that I continue to be legally obligated to pay what is owed under any lending agreement that I am a signer to, and to any additional advances or applications for loans if the Loanliner Application on file is jointly signed by me.

It is my responsibility to cancel any lines of credit and/or remove my name from any joint lending agreement that I am a signer of.

It is my responsibility to stop or make any necessary changes to any automatic debit/credit to and from this account.

Any checks or access devices to this account that I have in my possession will be destroyed or given back to the proper authority and I will discontinue all use of these devices.

Furthermore, I certify under penalties of perjury that it is not my intent to commit fraud and the signature on this Account Owner Removal Authorization is true and given under my free will.

Signature (account owner requesting to be removed)

Date

☐ If this box is checked, please sign this form in the presence of a Notary Public.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy or validity of this document.

State of _____
County of _____
_____ Judicial Circuit

} SS

On this _____ day of _____, 20____, before me personally appeared _____, To me know to be the person described in and who executed this **1 page Account Owner Removal Authorization** dated _____ and acknowledged that the person executed the same as the person's free act and deed.

Notary Signature

Print Notary Name: _____

Notary Public, State of _____

Commission Expires: _____

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