



133 Ma'a St. Kahului, HI 96732  
 Tel: 808.244.7981 Fax: 808.242.1507  
 www.WailukuFCU.com

**Delete Joint Owner Consent Form**

*By my signature below, I request that my name be removed from the account referenced below. I also relinquish my rights to any and all assets held in this account, including share certificates. I acknowledge and 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 co-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 to. It is my responsibility to stop or make any necessary changes to any automatic debit or 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 to the proper authority and I will discontinue any and 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 form is true and given under my free will.*

Account Number		
Primary Member's Name		
Joint Owner's Name (to be deleted)		
Joint Owner's Signature (To be signed in the presence of a Notary Public)		Dated:

Please mail this document to: Wailuku FCU 133 Ma'a St. Kahului, HI 96732 or fax to 808-242-1507.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Notary Public, \_\_\_\_\_  
 Commission Expires:

*seal*

Hawaii Notary Certification		
Date: _____	Doc. Description: Delete Joint Owner Consent Form	# Pages: __1__
Name of Notary: _____ Circuit		
Notary Signature _____		Date: _____

*seal*