



Remove Joint

Wings ID # _____

Primary Member's Name _____

It is your responsibility to make sure that the individual being removed from the account(s) is aware that they have been removed and that any transactions will be considered unauthorized. If you are unable to do so, we recommend that you close the account and open a new one.

This form cannot be used to remove the person from loans or credit cards this must be done directly with a lender.

This form also does not change any POD payees, IRA beneficiaries or Safe Deposit Box renters. You may want to review your current designations to make sure they are up to date. You can do this by contacting our Member Services staff.

In order to ensure that the individual removed from the account does not access the account by electronic means, we recommend that you immediately change your CU PAL and CU Online Personal Identification Numbers (PINs). These PINs can be changed directly on the CU PAL or CU Online systems. In addition, any ATM or Visa Check cards issued on the account in the joint person's name (listed below) should be returned to you or you must contact us directly to cancel them.

If you are listing any checking account(s), make sure that any checks in the removed individual's possession are returned to you or you should place stop payments on any checks in question. The credit union does not take responsibility for items presented for payment the day of the request. Wings Financial will act upon this request when received, however, transactions initiated by the removed individual before receipt or action may be honored (ATM/Debit transactions authorized, checks written).

Please remove _____, Wings ID # _____, from the following account(s): _____ (if known)

List all savings, checking, and certificate numbers individually

Signature of Primary Member

Date

(Signature MUST be notarized if not completed in the presence of a Credit Union employee.)

Signature Notarization
(Required if form is not completed in the presence of a Wings Financial Credit Union employee.)

Subscribed and sworn to before me this _____ day of _____ 20____

Notarial Stamp or Seal

(Print name of Notary Public)

(Signature of Notary Public)

Signature Witnessed by Wings Financial Credit Union Employee

Employee Name (Print) _____ Teller # _____

Employee Signature _____ Date _____

Credit Union Use Only: File Maintenance done by Teller # _____ Initials _____ Date _____ ATM/Debit Card Removed _____ Bill Payer removed _____