



P.O. Box 16877 \* 9955 SE Washington  
Portland, Oregon 97292-0877  
(503) 253-8193 \* (800) 356-6507 \* FAX (503) 253-0383

## Removal of Co-Owner Affidavit

I, \_\_\_\_\_, hereby authorize and direct IBEW & United Workers Federal Credit Union to remove my name as Co-owner from all deposit accounts under Membership Number \_\_\_\_\_. Furthermore, I hold the IBEW & United Workers F.C.U. harmless from any responsibility or adverse action by the owner or myself in complying with my request to be removed from this account. I waive any claims that I may have either now or in the future to any funds on deposit in this membership.

IBEW & United Workers F.C.U. takes no responsibility for any names that are currently printed on the checks for this account or any checks ordered in the future.

I certify the following information:

- ✓ No checks that I have written on this account are outstanding
- ✓ I have no checks in my possession
- ✓ I have no ATM/Debit cards on this account in my possession
- ✓ I have cancelled all automated debits/credits to this account
- ✓ I am still responsible for any loans that I am co-signer on underneath this membership

\_\_\_\_\_  
Account Owner Signature

\_\_\_\_\_  
Account Co-Owner Signature

\_\_\_\_\_  
Account Co-Owner Signature

\_\_\_\_\_  
Account Co-Owner Signature

Sworn to and subscribed in my presence by \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature  
My Commission Expires: \_\_\_\_\_

SEAL

For IBEW & UW FCU Use Only	<input type="checkbox"/> C24 Cross Accounts Revoked	<input type="checkbox"/> JOCH/MECH updated	<input type="checkbox"/> Cards Blocked	CU Employee _____
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