



1980 W. Broad Street
 Columbus, OH 43223
 Phone: 614-466-4988 / 800-434-7300 / Fax: 614-466-5118

FAX OR MAIL COMPLETED FORM

REQUEST TO REMOVE JOINT OWNER FROM ACCOUNT(S)

Account Number: _____, Suffix _____

Primary Name: _____ (cannot be removed, account must be closed to remove a primary owner)

Joint Member(s) to remove:

By signing below, joint member agrees to the removal of him/her from the above account and waives ownership rights to the account and any un-posted dividends earned. If the joint owner is not eligible for membership without the relationship of the primary owner, the joint owner may retain membership eligibility and open an individual account if application for a separate account is made with this request.

 Primary Member Signature

 Date

 Joint Member Signature **(REQUIRED)**

 Print Name

 Joint Member Signature **(REQUIRED)**

 Print Name

OFFICE USE ONLY

Checked for additional services:	YES	NO
PULL SIGNATURE CARD FILE (new signature card required)		
PULL MEMBER FILE (file all paperwork in member file, create file if no file exists)		
IRA		
VISA		
LOAN		
CHECKING (REORDER CHECKS?)		
DEBIT/ATM		

Date File Maintenance performed: _____

 Signature

 Teller#