NY TEAM Federal Credit Union
65 Broadway Hicksville, NY 11801
info@nyteamfcu.org
516.822.1070 F: 516.822.2478

REMOVE 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.

Joint Owner's Name: _____

Member Number: _____

Primary Owner's Name: _____

Date: _____

Joint Signature: _____

**If this form is done in the present of an NY TEAM FCU Employee it does not require a Notarized Signature.*

Notary:

NY TEAM FCU Employee: ◯ Mail ◯ In Office

Teller Number: Teller Initials: Date: