



Joint Member Removal Authorization

Account Number _____ Date _____

Primary Member Name _____

Joint Member Name _____

I, _____ do hereby authorize Solutions FCU to remove the joint member, _____ from my account effective _____.

Date _____ Signed _____

C.U. Employee/ Notary Signature _____

As joint member I, _____ do hereby authorize Solutions FCU to remove my name from this account.

Date _____ Signed _____

C.U. Employee/Notary Signature _____

****If this form is not signed in the presence of a credit union employee then the signatures must be notarized before it becomes effective.**