



Primary Member's Wings ID # _____

Primary Member's Name _____

Joint Tenant Request for Removal From Account

Name _____ Wings ID # _____
(Please print)

List the Wings ID # (if known), then all savings, checking, and certificate numbers individually:

_____	_____
_____	_____
_____	_____
_____	_____

I hereby request to have my name removed from the account number(s) listed above. In doing so, I realize that I **CAN NOT** use this form to remove my name from any Loans or Credit Cards I am a signer on, this must be done by contacting a lender directly. Nor does it change any POD Payee or IRA Beneficiary designations previously made on this account. Nor does it remove me as a renter on any Safe Deposit Box associated with the above account(s). In addition, it **DOES NOT** release me from any financial obligations incurred on these account(s) prior to the date Wings Financial Credit Union processes this request, nor does it give up any rights the credit union has for collection of these obligations.

Signature _____ 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 Credit Union employee.)

Notarial Stamp or Seal

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

(Print name of Notary Public)

(Signature of Notary Public)

Signature Witnessed by 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 _____
