

Relinquishing Rights to Account

I, _____, am relinquishing rights to member # _____ and all associated funds. I understand that once this form is completed and signed by myself and a Credit Union employee as a witness, or is Notarized, I no longer have access or rights to any funds that are currently on deposit, or that may be received into the account in the future. I also understand that I must turn in to the Credit Union any debit cards associated with the account that were issued to me. I may no longer access internet banking or sign checks for this account. This does not negate any loan obligations currently open and active with the Credit Union. Finally, the member number that I am relinquishing rights to must be in good standing prior to this form being accepted and honored.

Signature of Joint Owner (relinquishing rights)

Date

Signature of Credit Union Witness

Witness Name

Employee #

NOTARY ACKNOWLEDGMENT

Original notarized form must be received by the Credit Union before the request for Relinquishing Rights may be honored.

State of _____

County of _____

On this, the ____ day of _____, _____, before me _____, personally appeared _____, known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument.

In witness whereof, I hereunto set my hand and official seal.

Signature

(Stamp)

Title of Officer

1536 Riverside Dr
S Williamsport, PA 17702
(570) 323-5188
Wyrope.org

