

Account Number

Member Number  
Member Name



P.O. BOX 6048  
DEARBORN, MICHIGAN 48121  
PH 888.336.2700  
dfcufinancial.com

# Authorization to Remove Signer

## Account Information

<b>Type of Account</b> (select ONLY one)
<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Interest Checking Plus <input type="checkbox"/> Insured Money Market <input type="checkbox"/> Certificate <input type="checkbox"/> Special <input type="checkbox"/> Holiday

## Signer Being Removed from Account

The undersigned person(s) does hereby waive all right, title and interest which he or she may now have or which may accrue to him or her, for funds now on deposit in the above account, all sums paid in on shares, and all income, benefits, and accumulations therein. The undersigned further assigns his or her interest in said account and consents to said funds being paid over to the remaining owner(s) on the account.

<hr/>	
<b>Name</b>	<b>Social Security Number</b>
<input type="checkbox"/> Non-Tax Owner <input type="checkbox"/> Trustee <input type="checkbox"/> Additional Signer <input type="checkbox"/> Custodian (minor <b>under</b> 18 years of age) <input type="checkbox"/> Custodian (minor <b>over</b> 18 years of age)	
<input type="checkbox"/> Other:	
<hr/>	
<b>Account Role</b>	
<hr/>	
<b>Signer's Signature</b>	<b>Printed Name</b>
	<b>Date</b>

This document must be notarized if not signed in the presence of a DFCU Financial employee.

Acknowledged before me in \_\_\_\_\_ County, State of \_\_\_\_\_,  
on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Notary Stamp

Affix Seal Here

**FOR CREDIT UNION USE ONLY**

DATE \_\_\_\_\_ BRANCH \_\_\_\_\_ EMPLOYEE \_\_\_\_\_