



REQUEST TO REMOVE A JOINT ACCOUNT HOLDER

MEMBER TO BE REMOVED:

This request is made this _____ day of _____, _____ by and between _____ and the NIH Federal Credit Union.

I hereby request NIH Federal Credit Union to accept authorization to delete my name from Account Number _____ in the name of _____.

I no longer have an interest in this account. I further acknowledge all responsibility for any transaction (ACH or otherwise) initiated prior to today's date.

Dated: _____ **Signed:** _____

NOTARY PUBLIC:

State of _____ County of _____

Personally appeared before me _____ a Notary Public of the state and county aforesaid, _____ who presented valid identification and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand, at office, this _____ day of _____, _____.

Notary Public _____ **My commission expires on** _____.

Please mail or email this completed form to the appropriate address below, or bring to any NIHFCU branch.

