

RELEASE AUTHORIZATION FORM

DATE _____ ACCOUNT NAME _____

ACCOUNT # _____

BENEFICIARY: Please release the name of _____ as beneficiary of the life savings insurance on this account. Primary owner's signature only.

PAYABLE ON DEATH: Please release the name of _____ as payable on death on this account. Primary owner's signature only.

JOINT OWNER: Please release the name of _____ as joint owner of this account. Interest or claim to this account is hereby relinquished. This does not remove the joint owner from liability on loans.

G SUFFIX 1 & 7

G SUFFIX 9

I acknowledge that it is my responsibility to recover all unused checks and/or outstanding cards (if applicable) from the joint owner being released. I understand that I am responsible for the balance of any charges incurred by the use of cards and/or checks associated with this account. The credit union is released from any liability relative to the use of cards and/or checks on this account from this day forward.

G I request a new PIN

G I do not request a new PIN

G I request and have completed a stop payment request form

G I do not request a stop payment on checks

G I request a level change on Visa/Debit cards

G I do not request a level change

Branch # _____ Employee Initial _____

Time _____ Signatures must be notarized if not witnessed by an authorized credit union employee.

Owner Signature

Joint Owner Signature

