



RELEASE AUTHORIZATION FORM
NOT FOR IRA BENEFICIARIES, CO-MAKERS OR AUTHORIZED USERS



MBRLA

Name _____

Account Number _____

THESE SELECTIONS TO BE COMPLETED BY THE MEMBER ONLY

RELEASE OF JOINT OWNER BY MEMBER

Please release _____ as Joint Owner on this account. Interest or claim to this account by this Joint Owner is relinquished as of the date on this form. The Joint Owner remains liable for any transactions conducted prior to the date on this form. If the Joint Owner is co-signed on any loans, liability remains.

RELEASE OF PAYABLE ON DEATH DESIGNATION BY MEMBER

Please release the name of _____ as Payable on Death on this account.

RELEASE OF BENEFICIARY ON A CERTIFICATE ACCOUNT BY MEMBER (CANNOT BE USED TO RELEASE A BENEFICIARY ON AN IRA)

Please release the name of _____ as Beneficiary on Certificate Number _____ on this account.

Form with checkboxes for: VISA DEBIT AND VISA CREDIT CARD, STOP PAYMENT ON CHECKS, and VISA DEBIT CARD.

By signing below, I acknowledge that it is my responsibility to manually remove any mobile banking users by logging into Web Access and deactivating the desired mobile number. I acknowledge that it is my responsibility to reset my Online/Mobile Banking password and or PIN. I also understand I must cancel any Bill Pay Payments the released party initiated if I would like them to stop. 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 using cards and/or checks associated with this account. America First Credit Union is released from any liability relative to the use of cards and/or checks on this account from the date and time noted on this document. If this form is signed outside of business hours, it is considered received and fully executed when received and processed by the Credit Union during regular business hours, which may be the next business day.

I UNDERSTAND I MUST SIGN A SEPARATE FORM TO RELEASE AN IRA BENEFICIARY, A CO-MAKER ON A LOAN, OR AN AUTHORIZED USER ON A CARD.

SIGNATURE(S) (Signature(s) of all owners are only required if making any of the above changes to a Minor's Account. Parents/Guardians may sign for minors)

Member _____ ID _____ Date/Time _____

Joint Owner _____ ID _____ Date/Time _____

Joint Owner _____ ID _____ Date/Time _____

JOINT OWNER RELEASING SELF

(When a Joint Owner is releasing self, only the Joint Owner's signature is required)

Name of Joint Owner _____ Account Number _____

I request to be released as Joint Owner on this account. I relinquish interest or claim to this account as of the date on this form. I acknowledge I remain liable for any transactions conducted prior to the date and time on this form. If this form is signed outside of business hours, it is considered received and fully executed when received and processed by the Credit Union during regular business hours, which may be the next business day. If I am co-signed on any loans, I understand liability remains.

Joint Owner _____ ID _____ Date/Time _____

Employee Name: _____ Branch Number: _____

ALL SIGNATURES ON THIS FORM MUST BE NOTARIZED IF NOT WITNESSED BY AN AUTHORIZED CREDIT UNION EMPLOYEE OR ELECTRONICALLY SIGNED.