

Change in Account Ownership



Date

Effective immediately, please remove my name as joint owner on the following account(s):

Primary Member's Name: _____

Account#: _____ Account#: _____

Account#: _____ Account#: _____

Account#: _____ Account#: _____

☐ I understand that this does not release me from any loans, or Visa Credit cards.

☐ I am surrendering any debit and ATM cards I have been issued.

Joint Owner's Name (please print)

Joint Owner's Social Security Number

X _____
Signature

Instructions: Fill out form, print and mail to:
Gesa Credit Union, PO Box 500, Richland, WA 99352

For Gesa Use Only

I have arranged for the removal of the joint owners Debit/ATM cards. See Member Services Procedures Tab 4 for details.

I have checked overdraft sources and Debit Card Round Up on this and other accounts as described in Member Services Procedures, Tab 4, Special Account Situations.

Employee/Supervisor Initial _____ Employee/Supervisor Initial _____ Gesa@Home Initial _____