



Change in Account Ownership

_____ Date

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

_____ Primary Member's Name 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 Owners Name (please print)

_____ Joint Owners Social Security Number

X _____ Signature

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

For Member Service Employees/Supervisor 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 on this and other account as described in Member Services Procedures, Tab 4, Special Account Situations.

Employee/Supervisor Initial _____ Employee/Supervisor Initial _____

For IT Use only

IT Initial _____ Gesa@Home Initial _____