## **Remove Joint Owner Form**



## Form Instructions:

## Print and mail the completed form to: Delta Community Credit Union ATTN: Deposit Services P.O. Box 20541, Atlanta, GA 30320-2541 or fax to 404-677-4802

## **Primary Member Information**

Name (First, MI, Last)			Account Number
Joint Owner Information			
Joint Owner Information (First, MI, Last) Social Security Number		er	Date of Birth (MM/DD/YYYY)
I would like to be removed from the following	accounts:		
All accounts on v	vhich I am named unde	er this membership.	
The accounts selected below:			
Sav	vings	Share ID:	_
Ad	ditional Savings	Share ID:	_
Fre	e Checking	Share ID:	_
Spe	endSafe Checking™	Share ID:	_
Inte	erest Checking	Share ID:	_
Mo	ney Market	Share ID:	_
CD		Share ID:	_
By signing this form I understand that I will no longer have access to the account(s) listed above.			
Signatures:			

Date

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Signature of Joint Owner