



Request to be Removed from Account

P.O. Box 958471 • Lake Mary, FL 32795-8471
(407) 896-9411 • (800) 771-9411

With Addition Financial Credit Union

Account Number: _____ Today's Date: _____

Joint Owner Name: _____

By signing below, you are requesting to be removed from the above listed account. If the account include loans or credit cards, no future advances may be made on the loan or credit card either by you or anyone else on the account. You are still responsible for payment of all advances made to date on any loan or credit card on the above-referenced account. At the time you execute this document you must return to the Credit Union any VISA Check Card or Credit Cards issued to you by the Credit Union. It is your responsibility to cancel with your employer any direct deposit or payroll deposit arrangement you may have made.

In order for this request to be valid, it must be signed, you must include your social security number. If not signed in front of an Addition Financial Credit Union employee your signature must be notarized and you must present a photo I.D. to the employee and/or Notary Public notarizing this document.

Signature: _____

Social Security Number: _____

State Of: _____)

SS:

County of: _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20__ by _____, who has/have identification and who did/did not take an oath.

Notary Stamp

Signature of Person Taking Acknowledgement

Print Name: _____

Title: Notary Public

Serial No. _____

Commission Expires _____

Credit Union Use Only:

Debit Card Blocked: _____

Cross Account Transfers deleted: _____

Phone PIN Changed: _____

Online Banking PIN Changed: _____

Completed by:

User Name: _____ Branch: _____ Date: _____