Diamond Credit Union
1600 MEDICAL DRIVE ◆ POTTSTOWN ◆ PA ◆ 19464
(610) 326-5490 ◆ (800) 593-1000 ◆ FAX (484) 949-2577

REMOVAL OF JOINT OWNER AUTHORIZATION

I authorize Diamond Credit Union to remove _____ , as joint owner on the account(s) listed below. I understand that the ownership of this account and rights to it are effective immediately.

☐Joint Owner Request (sig. required) ☐Joint Owner Deceased (no signature needed)

Account #: _____

Account types: _____ , _____ , _____ , _____ , _____

Primary Owner: _____

_____ _____
Signature Date

_____ _____
Witness Date

If this document is signed outside the presence of a Diamond Credit Union employee, the document must be notarized. Do not sign until you are in the presence of a notary public. The notary should complete the section below:

State of Pennsylvania)
)ss:
County of _____)

On this, _____ day of _____ , 20 _____ , before me, _____ , the undersigned officer, personally appeared _____ , known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that s/he executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

_____
Notary Public