



Request to be Removed from Account(s)

With the Central Florida Educators' Federal Credit Union

Account Number: _____ Today's Date: _____

Joint Owner 1 Name: _____

Joint Owner 2 Name: _____

Other Owner Name: _____

*****Select Only One check box for the Joint Owner Requesting to be Removed**

By signing below, you are requesting to be removed from the above listed account(s). If any of these accounts 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(s). At the time you execute this document you must return to the Credit Union any ATM cards, 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, your signature must be notarized if not signed in front of a CFE employee and you must present a photo I.D. to the CFE and/or Notary Public notarizing this document.

Signature: _____
Social Security Number: _____

State Of: _____)
County of: _____) SS:

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 _____

For Office Use Only: User ID # _____ Emp Branch _____
Date Request Received: _____ Form Witnessed by CFE Employee: _____
Debit Card Deleted By: _____ M.A.T.T. Phone PIN Changed by: _____
M.A.T.T. Web PIN Changed by: _____ Cross Account Transfers deleted by: _____