



# AUTHORIZATION TO REMOVE JOINT OWNER

This letter authorizes LA Healthcare Federal Credit Union to the following:  
*(Please initial each item)*

Account Number(s): \_\_\_\_\_

\_\_\_\_\_ Return of all ELECTRONIC FUNDS transfers, deposits, and withdrawals that only bear the joint owner's information

\_\_\_\_\_ Return of all ATM and VISA Debit cards in the Joint Owner's name.  
*(All preauthorized transactions will require members to update information with merchants)*

Joint Owner Debit Card# \_\_\_\_\_

\_\_\_\_\_ Removal from ALL VISA Credit Cards

\_\_\_\_\_ Return ALL checks with joint owner name  
*(Joint Owner will no longer have access/authorization to sign checks)*

\_\_\_\_\_ Removal of Online Banking Access

\_\_\_\_\_ Removal of 24-Hour Accountline Access

By signing below, we agree that the joint owner will be removed from the account and we have read and understand the action items above. The joint owner will be removed from accessing the account immediately following signatures from both, Primary and Joint Owners, and will not be allowed future access or joint ownership to this account.

\_\_\_\_\_  
Authorized Primary Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Joint Owner Signature

\_\_\_\_\_  
Date

Credit Union Use Only	
Credit Union Staff:	Date
Comments:	