the SUMMIT FEDERAL CREDIT UNION

Canal Ponds Business Park
100 Marina Drive • Rochester, New York 14626
(585) 453-7000 • (800) 836-7328
summitfcu.org

Termination of Joint Owner Request

[Date]

[Name 1]
[Name 2]
[Address 1]
[Address 2]
[City] [State] [Zip Code]

Joint Owner's name:

This is to notify The Summit Federal Credit Union that I, [Joint Owner], elect to terminate my joint interest in account #_____, therefore terminating all access to this account.

I understand that I will still have the following obligations:

[List Loans]

_____ _____
Joint Owner's signature Date

Internal Use Only

Member's ID# _____Verification performed by: _____on_____

State of New York
County of _____

On the _____ day of _____ in the year _____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

_____ _____
Notary Public or Summit Employee Date