



P.O. Box 25947
Alexandria, VA 22313-9809
202.366.9400 | 800.368.8432
transfcu.org

JOINT OWNER REMOVAL REQUEST FORM



To: Transportation Federal Credit Union

Re: Primary Account Name: _____

Account Number: _____

STATEMENT

I hereby authorize Transportation Federal Credit Union to remove my name, _____,
as the joint owner on the above account.

Signature *

Date

****Signature must be notarized if not signed in office with proper ID.***

City: _____

County: _____

State: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

(Notary Seal)

Accepted By: _____

TFCU Staff Signature