

# OWNER / ACCESS REMOVAL REQUEST

**VIRGINIA CREDIT UNION, INC. (VACU)**

**POB 90010, Richmond, VA 23225-9010 804-323-6800 or toll free 1-800-285-6609**

**VIRGINIA CREDIT UNION, INC. (VACU)**

**READ THIS IMPORTANT INFORMATION BEFORE SIGNING**

Individuals such as members, joint owners, trustees, co-trustees and authorized signers, may be removed as owners or authorized signers on accounts, provided that at least one member acknowledges and remains an owner of such account, and such account is at a positive or zero balance. Removal of any Owner / Authorized Signer does not remove such person of any current liabilities such as, but not limited to: (1) any transaction initiated prior to VACU accepting and processing this removal request; or (2) any obligation as guarantor / joint applicant for any VACU debt such as credit card, mortgage, loan, or line of credit. Effective on the date accepted and processed by VACU, this removal request amends the original Membership Application And Account Signature Card (and any amendments of such thereof) as it relates to the specific account identified below. Ownership for accounts listed below will be modified; ownership of any other account not listed will not change. Signatures of the person being removed, along with at least one member's signature (or member's authorized signer) are required and must be notarized. If you choose, a different Notary can be used for each person's signature. Once signed and your signature has been Notarized, it is recommended that you maintain a copy of this document as proof of your removal authorization from the account(s) specified.

**LIST EVERY ACCOUNT NUMBER(S) APPLICABLE TO THIS SPECIFIC REQUEST.**

**IF AN ACCOUNT NUMBER IS NOT LISTED, THAT ACCOUNT WILL NOT BE CHANGED OR MODIFIED.**

Account #: _____	Type:	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Premium Plus	<input type="checkbox"/> Savings Certificate
Account #: _____	Type:	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Premium Plus	<input type="checkbox"/> Savings Certificate
Account #: _____	Type:	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Premium Plus	<input type="checkbox"/> Savings Certificate
Account #: _____	Type:	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Premium Plus	<input type="checkbox"/> Savings Certificate
Account #: _____	Type:	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Premium Plus	<input type="checkbox"/> Savings Certificate
Account #: _____	Type:	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Premium Plus	<input type="checkbox"/> Savings Certificate
Account #: _____	Type:	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Premium Plus	<input type="checkbox"/> Savings Certificate
Account #: _____	Type:	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Premium Plus	<input type="checkbox"/> Savings Certificate

**REMOVAL CERTIFICATION**

(This section is for person being removed)

Your signature must be notarized. By signing below, you agree to all applicable terms and conditions described in the section titled, "Read This Important Information Before Signing." You authorize VACU to remove all your ownership / authorization access to the account number(s) specified above.

\_\_\_\_\_  
Signature of person being removed

**MEMBER CERTIFICATION**

(This section is for remaining member only)

Your signature must be notarized. By signing below, you agree to all applicable terms and conditions described in the section titled, "Read This Important Information Before Signing." You authorize VACU to remove all ownership / authorization access of the person identified in the Removal Certification section from the account number(s) specified above.

\_\_\_\_\_  
Member's Signature (or signature of Member's Authorized Signer)

City / County of \_\_\_\_\_

State / Commonwealth of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

(Print name of person seeking acknowledgment)

\_\_\_\_\_  
Notary Public Name (print)

\_\_\_\_\_  
Notary Public Signature

My commission expires: \_\_\_\_\_

City / County of \_\_\_\_\_

State / Commonwealth of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

(Print name of person seeking acknowledgment)

\_\_\_\_\_  
Notary Public Name (print)

\_\_\_\_\_  
Notary Public Signature

My commission expires: \_\_\_\_\_

<b>VACU USE</b>	Activity Date	Branch	Accepted By	Member ID	Other Owner ID
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