



REQUEST TO REMOVE JOINT OWNER FROM ACCOUNT(S)

Account Number: _____ Suffix _____

Primary Name: _____

(Cannot be removed, account must be closed to remove a primary owner)

Joint Member(s) to remove:

_____	_____
_____	_____
_____	_____

By signing below, joint member agrees to the removal of him/her from the above account and waives ownership rights to the account and any un-posted dividends earned. If the joint owner is not eligible for membership without the relationship of the primary owner, the joint owner may retain membership eligibility and open an individual account if application for a separate account is made with this request.

X _____
Primary Member Signature _____ Date _____

X _____
Joint Member Signature (Required) _____ Date _____

X _____
Joint Member Signature (Required) _____ Date _____

Fax this form to 614.466.5118, email to memberinfo@bridgecu.org, or mail/drop off at our office.

Bridge Credit Union, Inc., 10567 Sawmill Pkwy., Suite 100, Powell, Ohio 43065

Email is not a secure form of communication. If you are emailing this form, use ONLY the last two numbers on your account.

FOR OFFICE USE ONLY					
Checked For Additional Services	YES	NO		YES	NO
PULL SIGNATURE CARD FILE (new signature card required)			LOAN		
PULL MEMBER FILE (file all paperwork in member file, create file If no file exists)			CHECKING (REORDER CHECKS?)		
IRA			DEBIT/ATM		
VISA					
Date File Maintenance performed: _____					
Signature _____			Teller# _____		

Bridge Credit Union, Inc.

Federally Insured by NCUA

