

CONSENT FORM TO REMOVE JOINT OWNER FROM AN ACCOUNT



Credit Union of
Southern California
BUILDING BETTER LIVES®

To: **Credit Union of Southern California**

Member's Name _____

Joint Owner's Name _____

I hereby authorize the removal of my name as joint owner from Account Number: _____

X _____ Date _____

Joint Owner's Signature

NOTE: Signature must be witnessed by a CU SoCal staff member or a notary public.

X _____

CU SoCal Employee Witness Signature

CU SoCal Employee Witness—Print Name

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of _____

On _____ before me, _____
(insert name and title of the officer)

personally appeared _____
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

X _____ (Seal)
Signature