CONSENT FORM TO REMOVE JOINT OWNER FROM AN ACCOUNT



To: Credit Union of Southern California	
Member's Name	
oint Owner's Name	
hereby authorize the removal of my name as joint owner from	Account Number:
(Date
NOTE: Signature must be witnessed by a CU SoCal staff mem	ıber <u>or</u> a notary public.
	XCU SoCal Employee Witness Signature
	CU SoCal Employee Witness Signature
	CU SoCal Employee Witness—Print Name
ACKNOW	LEDGMENT
A notary public or other officer completing this certificate document to which this certificate is attached, and not the State of California County of	verifies only the identity of the individual who signed the truthfulness, accuracy, or validity of that document.
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A notary public or other officer completing this certificate document to which this certificate is attached, and not the State of California County of	verifies only the identity of the individual who signed the truthfulness, accuracy, or validity of that document. (insert name and title of the officer) the person(s) whose name(s) is/are subscribed to the within
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