



Finger Lakes Health Care
Federal Credit Union

Joint Member Removal Authorization

Account number _____ Date _____

Member Name _____

Joint Member Name _____

I, _____ do hereby authorize FLHC

FCU to remove joint member _____

from the above account effective _____.

Date _____

Signature _____

CU employee/Notary Signature _____

As joint member, I _____ hereby

authorize FLHC FCU to remove my name from the above account.

Date _____

Signature _____

CU Employee/Notary Signature _____

Accepted by: _____

Date: _____