



DELETE/CHANGE JOINT OWNERS FORM

- ✓ Each signature must be notarized unless verified by PFCU employee.
- ✓ Return form with copies of all signers' Picture ID who will remain on account.

SAVINGS / CHECKING / SAFE DEPOSIT BOX: _____

Date: _____

Account Number: _____ and/or Safe Deposit Box# _____

The undersigned request that account and/or safe deposit box # _____

In the name(s) of _____ with Platinum Federal Credit Union will be change to an account in the name(s) of _____

Signature of individual(s) to remain on account:

Verified by:

Signature of individual(s) to be removed:

Verified by:

State of Georgia, county of _____

Signed or attested before me on (date) _____

By (name notarized): _____

Notary Signature _____

Name Printed: _____

My Appointment Expires: _____