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PRIMARY MEMBER AUTHORIZATION TO REMOVE A JOINT OWNER

This form is to authorize removal of a joint owner from an account. This form cannot be used to remove the primary member or to remove an individual from a loan or escrowed loan share*. Removal is not complete until confirmed in writing by First Financial of Maryland Federal Credit Union (the "Credit Union"). I acknowledge that the Credit Union is not bound by this request until it has been delivered in sufficient time to act upon it. Please note the joint owner removed will also be notified upon removal.

I, _____, am the primary member/account owner and request removal of the joint owner named below from the following Credit Union Account(s)/Shares:

Account #: _____

Shares: _____

Joint Owner Name to be removed: _____

Mailing Address of joint owner to be removed:

List all existing direct deposits for the joint owner in the account/shares indicated above:

None

Sender: _____ Amount: _____

Sender: _____ Amount: _____

*I understand that if the individual named above is a co-borrower of a mortgage loan with a required escrow share, their name will remain on the escrow share in this account until the mortgage loan is paid in full or they are no longer a borrower obligated to the mortgage loan.

I request that the individual named above be removed from the Account(s)/Shares indicated above. Due to the nature of automated transaction processing, I acknowledge that First Financial of Maryland Federal Credit Union does not examine individual checks/share drafts or other payment orders to verify the authority of the signer of each payment order. I agree to review my online activity within three (3) days of receipt of notification that the joint owner(s) has been removed and will notify the Credit Union of any unauthorized transactions. I further agree not to dispute any transaction authorized by the joint owner(s) being removed if such transaction was initiated prior to Credit Union confirmation of removal. I am liable for any future deposits made to this account in the name of the removed joint owner(s) and agree that the Credit Union may, but is not required to, return such deposits to the originator. I agree to indemnify and hold harmless the Credit Union for any dispute related to this action. I further indemnify and hold harmless the Credit Union from any liability for unauthorized withdrawals resulting from my failure to restrict account access from the individual(s) being removed. Such account access restrictions include, but are not limited to:

- changing my telephone access PIN
- reviewing/modifying automatic transfers and scheduled bill payments established via online/mobile banking
- cancelling deposits or withdrawals made to the account by the removed individual(s)
- obtaining checks and/or debit card in possession of the removed individual(s)
- changing my account number and checking account number

I certify that I have not disclosed to anyone my online/mobile banking password.

Reset online/mobile banking password **(REQUIRED)**

I authorize the Credit Union to make the following changes on my account to restrict access due to removal of the joint owner(s):

Change my account number

Change my checking account number

Order 1 box of checks *Fees may apply **(All checks with previous account number must be destroyed.)**

I authorize the Credit Union to pay the following outstanding checks from the previous checking account number. **If blank, all checks presented for payment from the previous account number will be returned ACCOUNT CLOSED.**

Check # _____	Amount \$ _____	Check # _____	Amount \$ _____
Check # _____	Amount \$ _____	Check # _____	Amount \$ _____
Check # _____	Amount \$ _____	Check # _____	Amount \$ _____

As a courtesy, previous electronic (ACH) debits and credits to the old account number, including bill payments, will be honored for 60 days from the date of this form, unless otherwise notified by you. If any are presented after this date, they will be returned.

NOTICE: I understand that it is my responsibility to notify the company of any preauthorized drafts, electronic debits or credits (ACH) of the new account number. I acknowledge that if I have direct deposit to checking, I must notify my payroll department or payroll originator of the new account number. I also acknowledge that any future checks, preauthorized drafts, ACH debits or credits from the previous account number will be returned. I indemnify and hold harmless the Credit Union for any returned transactions as a result of changing my account number.

Signature: _____ Date: _____

Signature must be notarized ONLY if this form is mailed. Mail the completed form to **the address above.**

State of _____

County of _____

Subscribed and sworn to me this _____ day of _____, 20_____, by _____

(Affiant) who is personally known by me or has presented evidence sufficient to identify Affiant as the person Affiant claims to be.

Notary Public

_____ County, _____ State

Acting in _____ County

My Commission Expires:

New Account/Lookup #: _____

Processed by: _____ Date: _____

Reviewed by: _____ Date: _____