



Termination of Joint Account

Date: _____

This is to notify Encompass Niagara FCU that I wish to terminate my joint interest in

Account Number: _____

Joint Owners' Signature: _____

Identification Provided: _____

***If this form is not being signed in front of a Credit Union employee, form must be notarized in the section below.**

State of _____

County of _____

_____ **of** _____

On this _____ **day of** _____, **in the year two thousand** _____, **before me the subscriber appeared** _____ **to me personally known to be the same person described in and who executed foregoing instrument, and he\she executed the same.**

OR

 Notary Public
 Notary Stamp:

 ENFCU Employee

Credit Union Use Only:

Initials: _____

Date Completed: _____

Comments: _____
