



An educated choice

JOINT ACCOUNT REMOVAL FORM

If you currently have a Visa Credit Card or Home Equity Line of Credit at the credit union, you must maintain a Savings Account.

Dear TVTFCU,

I am informing you that I would like to be removed as a joint owner on

_____account.

PRIMARY OWNER NAME (Please Print)

Account # _____

Phone _____

Email _____

IN ADDITION TO THIS FORM YOU MUST SUBMIT A DRIVER'S LICENSE OR GOVERNMENT ISSUED ID TO VERIFY YOUR IDENTITY. YOU CAN SEND A COPY TO US BY EMAIL: MSR@TVTFCU.ORG, BY FAX: 860-253-4785, OR BY MAIL.

JOINT OWNER NAME (Please Print)

DATE

JOINT OWNER SIGNATURE

DATE

FOR CREDIT UNION USE ONLY:

___ Debit Card ___ Visa Credit Card ___ CUSA

P 860-253-4780
P 800-749-8305
F 860-253-4785

182 South Road
Enfield, CT 06082

www.tvtfcu.org

