



REQUEST TO BE REMOVED FROM ACCOUNT (s)
With the Central Florida Educators' Federal Credit Union

Today's Date: _____
Joint Owner Name: _____
Account Number(s): _____

By signing below, you are requesting to be removed from the above listed account(s). If any of these accounts include loans or credit cards, no future advances may be made on the loan or credit card either by you or anyone else on the account. You are still responsible for payment of all advances made to date on any loan or credit card on the above-referenced account(s). At the time you execute this document you must return to the Credit Union any ATM cards, VISA Check Card or Credit Cards issued to you by the Credit Union. It is your responsibility to cancel with your employer any direct deposit or payroll deposit arrangement you may have made.

In order for this request to be valid, it must be signed, you must include your social security number, your signature must be notarized and you must present to the Notary Public notarizing the document a photo I.D.

Signature: _____

Social Security Number: _____

State of : _____)

SS: _____)

County of: _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____ by _____, who has/have identification and who did/did not take an oath.

Notary Stamp

Signature of Person Taking
Acknowledgement
Print Name: _____
Title: Notary Public
Serial No. _____
Commission Expires: _____

For Office Use Only:	
Date Request Received: _____	M.A.T.T. Phone PIN Changed by: _____
Debit Card Deleted by: _____	Cross Account Transfers deleted by: _____
M.A.T.T. Web PIN Changed by: _____	