

## **RELEASE AUTHORIZATION FORM**



## NOT FOR IRA BENEFICIARIES, CO-MAKERS OR AUTHORIZED USERS

Name		Account Number	
THESE SEL	LECTIONS TO BE C	OMPLETED BY THE MEMBE	R ONLY
Release of Joint Owner			
Please release	this form. The Joint		
Release of Payable on Death Designation			
Please release the name of		as Payal	ble on Death on this account.
Release of Beneficiary on a Certificate Acco	unt (cannot be use	ed to release a Beneficiary on	n an IRA)
Please release the name ofhis account.		as Bene	ficiary on Certificate Number c
PIN		VISA DEBIT CARD  ☐ I request a level change on all Debit and VISA Credit cards ☐ I do not request a level change on all Debit and VISA Credit cards  ONLINE BANKING AND CARD GUARD	
<ul><li>I request a new PIN and new Debit and VIS be issued</li><li>I do not request a new PIN</li></ul>	SA Credit Cards to		
STOP PAYMENT ON CHECKS	at request form	☐ I would like my Online Banking/Card Guard password reset ☐ I do not want my Online Banking/Card Guard password reset	
☐ I request and have completed a stop paymer ☐ I do not request a stop payment on checks  By signing below, I acknowledge that it is my deactivating the desired mobile number. I also unstop. I acknowledge that it is my responsibility the stop. I acknowledge that it is my responsibility the stop.	responsibility to mai	ncel any Bill Pay Payments the re	eleased party initiated if I would like them to
☐ I request and have completed a stop paymer☐ I do not request a stop payment on checks  By signing below, I acknowledge that it is my deactivating the desired mobile number. I also up	responsibility to man nderstand I must can to recover all unused r the balance of any of ability relative to the M TO RELEASE AN IRA I	ncel any Bill Pay Payments the re checks and/or outstanding card charges incurred by using cards use of cards and/or checks on the BENEFICIARY, A CO-MAKER ON A LO	eleased party initiated if I would like them to ds (if applicable) from the Joint Owner being and/or checks associated with this account. his account from this day forward.  DAN, OR AN AUTHORIZED USER ON A CARD.
☐ I request and have completed a stop paymer☐ I do not request a stop payment on checks  By signing below, I acknowledge that it is my redeactivating the desired mobile number. I also unstop. I acknowledge that it is my responsibility the released. I understand that I am responsible for America First Credit Union is released from any list I UNDERSTAND I MUST SIGN A SEPARATE FOR SIGNATURE(S) (Joint Owner signature(s) ONLY response in the payment of the	responsibility to manderstand I must can to recover all unused or the balance of any cability relative to the M TO RELEASE AN IRA I equired if making any o	ncel any Bill Pay Payments the re checks and/or outstanding cards charges incurred by using cards use of cards and/or checks on the BENEFICIARY, A CO-MAKER ON A LO of the above changes to a Minor's A	eleased party initiated if I would like them to ds (if applicable) from the Joint Owner being and/or checks associated with this account. his account from this day forward.  DAN, OR AN AUTHORIZED USER ON A CARD.  Account. Parents/Guardians may sign for minors
☐ I request and have completed a stop paymer☐ I do not request a stop payment on checks  By signing below, I acknowledge that it is my deactivating the desired mobile number. I also upstop. I acknowledge that it is my responsibility the released. I understand that I am responsible for America First Credit Union is released from any list I UNDERSTAND I MUST SIGN A SEPARATE FOR	responsibility to man nderstand I must can to recover all unused or the balance of any cability relative to the M TO RELEASE AN IRA I equired if making any o	ncel any Bill Pay Payments the re checks and/or outstanding card charges incurred by using cards use of cards and/or checks on the BENEFICIARY, A CO-MAKER ON A LO	eleased party initiated if I would like them to ds (if applicable) from the Joint Owner being and/or checks associated with this account. his account from this day forward.  DAN, OR AN AUTHORIZED USER ON A CARD.  Account. Parents/Guardians may sign for minors  Date  Date
☐ I request and have completed a stop paymer ☐ I do not request a stop payment on checks  By signing below, I acknowledge that it is my leactivating the desired mobile number. I also unstop. I acknowledge that it is my responsibility the leased. I understand that I am responsible for America First Credit Union is released from any list I UNDERSTAND I MUST SIGN A SEPARATE FOR SIGNATURE(S) (Joint Owner signature(s) ONLY revenue.)	responsibility to manderstand I must can to recover all unused or the balance of any cability relative to the M TO RELEASE AN IRA I equired if making any o	ncel any Bill Pay Payments the rechecks and/or outstanding cards charges incurred by using cards use of cards and/or checks on the BENEFICIARY, A CO-MAKER ON A LO of the above changes to a Minor's A LD	eleased party initiated if I would like them to ds (if applicable) from the Joint Owner being and/or checks associated with this account. his account from this day forward.  DAN, OR AN AUTHORIZED USER ON A CARD.  Account. Parents/Guardians may sign for minor.  Date  Date  Date
☐ I request and have completed a stop paymer ☐ I do not request a stop payment on checks  By signing below, I acknowledge that it is my leactivating the desired mobile number. I also up top. I acknowledge that it is my responsibility the eleased. I understand that I am responsible for the america First Credit Union is released from any list I UNDERSTAND I MUST SIGN A SEPARATE FOR SIGNATURE(S) (Joint Owner signature(s) ONLY recommended to the payment of the signature of the payment	responsibility to mainderstand I must can to recover all unused to the balance of any cability relative to the M TO RELEASE AN IRA I required if making any o	icel any Bill Pay Payments the rechecks and/or outstanding cards charges incurred by using cards use of cards and/or checks on the BENEFICIARY, A CO-MAKER ON A LO of the above changes to a Minor's A LD	eleased party initiated if I would like them to ds (if applicable) from the Joint Owner being and/or checks associated with this account his account from this day forward.  DAN, OR AN AUTHORIZED USER ON A CARD.  Account. Parents/Guardians may sign for minor  Date  Date  Date  Date
☐ I request and have completed a stop paymer ☐ I do not request a stop payment on checks  By signing below, I acknowledge that it is my leactivating the desired mobile number. I also unitop. I acknowledge that it is my responsibility the eleased. I understand that I am responsible for America First Credit Union is released from any like I UNDERSTAND I MUST SIGN A SEPARATE FOR SIGNATURE(S) (Joint Owner signature(s) ONLY removed the owner owner owner owner owner owner owner owners are ONLY required the owners of all owners are ONLY required the owner owner owner owners.	responsibility to man nderstand I must can to recover all unused or the balance of any cability relative to the M TO RELEASE AN IRA I equired if making any of the properties	incel any Bill Pay Payments the rechecks and/or outstanding cards charges incurred by using cards use of cards and/or checks on the BENEFICIARY, A CO-MAKER ON A LO of the above changes to a Minor's A LD	eleased party initiated if I would like them to ds (if applicable) from the Joint Owner being and/or checks associated with this account his account from this day forward.  DAN, OR AN AUTHORIZED USER ON A CARD.  Account. Parents/Guardians may sign for minor.  Date  Date  Date  Date
☐ I request and have completed a stop paymer ☐ I do not request a stop payment on checks  By signing below, I acknowledge that it is my leactivating the desired mobile number. I also up top. I acknowledge that it is my responsibility the eleased. I understand that I am responsible for the america First Credit Union is released from any like I UNDERSTAND I MUST SIGN A SEPARATE FOR SIGNATURE(S) (Joint Owner signature(s) ONLY removed the country of the c	responsibility to mainderstand I must can to recover all unused of the balance of any cability relative to the M TO RELEASE AN IRA I required if making any of the balance of the balance of any captured if making any of the balance	incel any Bill Pay Payments the rechecks and/or outstanding cards charges incurred by using cards use of cards and/or checks on the BENEFICIARY, A CO-MAKER ON A LO of the above changes to a Minor's A LD	eleased party initiated if I would like them to ds (if applicable) from the Joint Owner being and/or checks associated with this account his account from this day forward.  PAN, OR AN AUTHORIZED USER ON A CARD.  Account. Parents/Guardians may sign for minor  Date  Date  Date  only the Joint Owner's signature required)  unt Number  t as of the date on this form. I acknowledge
☐ I request and have completed a stop paymer ☐ I do not request a stop payment on checks  y signing below, I acknowledge that it is my leactivating the desired mobile number. I also up top. I acknowledge that it is my responsibility the leased. I understand that I am responsible for merica First Credit Union is released from any lian I UNDERSTAND I MUST SIGN A SEPARATE FORM  IGNATURE(S) (Joint Owner signature(s) ONLY repoint Owner  Doint Owner  Coint Owner  (Signatures of all owners are ONLY required the lame of Joint Owner  I request to be released as Joint Owner on this I remain liable for any transactions conducted process of the lame of Joint Owner on this I remain liable for any transactions conducted process of the lame of Joint Owner on this I remain liable for any transactions conducted process of the lame of Joint Owner on this I remain liable for any transactions conducted process of the lame of Joint Owner on this I remain liable for any transactions conducted process of the lame of Joint Owner on this I remain liable for any transactions conducted process of the lame of Joint Owner on this I remain liable for any transactions conducted process of the lame of Joint Owner on this I remain liable for any transactions conducted process of the lame of Joint Owner on this I remain liable for any transactions conducted process of the lame of Joint Owner on this I remain liable for any transactions conducted process of the lame of Joint Owner on this I remain liable for any transactions conducted process of the lame of Joint Owner of the lame of Joint Owner on this I remain liable for any transactions conducted process of the lame of Joint Owner of the lame of J	responsibility to mainderstand I must can to recover all unused of the balance of any cability relative to the M TO RELEASE AN IRA I required if making any of the balance of the balance of the squired if making any of the balance o	incel any Bill Pay Payments the rechecks and/or outstanding cards charges incurred by using cards use of cards and/or checks on the BENEFICIARY, A CO-MAKER ON A LO of the above changes to a Minor's A LD	eleased party initiated if I would like them to ds (if applicable) from the Joint Owner being and/or checks associated with this account his account from this day forward.  PAN, OR AN AUTHORIZED USER ON A CARD.  Account. Parents/Guardians may sign for minor  Date  Date  Date  only the Joint Owner's signature required)  unt Number  t as of the date on this form. I acknowledge y loans, I understand liability remains.
☐ I request and have completed a stop paymer ☐ I do not request a stop payment on checks  By signing below, I acknowledge that it is my leactivating the desired mobile number. I also ustop. I acknowledge that it is my responsibility the eleased. I understand that I am responsible for America First Credit Union is released from any lian I UNDERSTAND I MUST SIGN A SEPARATE FORE  SIGNATURE(S) (Joint Owner signature(s) ONLY reduced to the control of the control of the control of the control of the control owner  (Signatures of all owners are ONLY required the control of the control owner on this of the control of the control owner on this owner on the control of the control owner on this owner on this owner on this owner on the control of the control owner on this owner on this owner on the control of the control owner on this owner on the control of the control owner on this owner on the control of t	responsibility to mainderstand I must can to recover all unused of the balance of any cability relative to the M TO RELEASE AN IRA I required if making any of the balance of the squired if making any of the corelease a Joint Owner account. I relinquish prior to the date on the squired if making any of the balance of the	incel any Bill Pay Payments the rechecks and/or outstanding cards charges incurred by using cards use of cards and/or checks on the BENEFICIARY, A CO-MAKER ON A LO of the above changes to a Minor's A LD	eleased party initiated if I would like them to ds (if applicable) from the Joint Owner being and/or checks associated with this account his account from this day forward.  DAN, OR AN AUTHORIZED USER ON A CARD.  Account. Parents/Guardians may sign for minor  Date  Date  Date  only the Joint Owner's signature required)  unt Number  t as of the date on this form. I acknowledge y loans, I understand liability remains.  Date  Date  Date

ALL SIGNATURES ON THIS FORM MUST BE NOTARIZED IF NOT WITNESSED BY AN AUTHORIZED CREDIT UNION EMPLOYEE.