Please use the Change of Ownership with Limited Consent form to remove a joint owner without their consent from any or all of your DCU accounts.

To speed the processing of your application, please follow these steps:

1. Complete the application in its entirety and sign it. Incomplete or unsigned forms will delay processing your request.

2. Fax your completed form to 866.874.7820 or mail it to:

   Digital Federal Credit Union  
   Account Services Center  
   220 Donald Lynch Boulevard, PO Box 9130  
   Marlborough, MA 01752-9130

What you can expect

1. By Mail: Allow 2 weeks for your request to be processed

2. By Fax: Once your request is received it will be processed within 48 business hours
Change of Ownership
Authorization with Limited Consent

(To close Joint Share Account(s) and open Individual
Share Account(s) at the request of one owner only.
DCU Membership Number will remain the same.)

IMPORTANT

By my completing this form, I understand that, without exception, the Personal Identification Number (PIN) for this membership will be changed and, as applicable, the customized Online Banking password for this membership will be changed and my Visa® Debit Card will be deactivated and a new one(s) issued. Further, I understand that all transactions* coming in against the old checking account will be rejected “Account Closed” UNLESS I have completed the “AUTHORIZATION TO REDIRECT TRANSACTIONS ON CLOSED CHECKING ACCOUNT” below.

Membership # ________________ Name of Owner Being Removed ________________ Please Print

I am currently listed as the □ Prime □ Joint Owner on this account. (If Joint Owner, my own DCU Membership # is: ________________ )

Please close my Joint DCU Accounts as identified below, and transfer current balances to Individual Account(s) to be listed below into the new account.

ACCOUNTS TO BE CLOSED and Further Action

The following accounts under the above referenced membership number are to be closed:

☐ All Shares #, #, #, #, Checking #, #, #, Certificate #, #

NOTE: I understand this does NOT impact any loans on which I am the Prime or Co-Borrower.

☐ AUTHORIZATION TO REDIRECT TRANSACTIONS ON CLOSED CHECKING ACCOUNT

I hereby authorize DCU to process the following transactions through my new DCU checking accounts. I understand this is a service that will be provided for no more than sixty (60) days and that it is my responsibility to provide the new checking account number to any party submitting automatic payments (ex. direct deposit, Social Security, etc) or withdrawals (ex. Bill Payer payments) to this account if I wish them to continue. Any transactions submitted against this checking account after sixty (60) days from the day you receive this request, will be rejected “Account Closed”:

☒ ACH Debits and Credits (this includes company payroll, pre-authorized withdrawals, etc). Please list items to be paid

Merchant name/ Dollar amount __________/ $________, __________/ $________, __________/ $________, __________/ $________, __________/ $________.

☒ Online Banking Bill Payer Payments (I must edit the vendor information)

☒ Checks:

Honor the following checks drawn against the old checking account, through the new checking account #, #, #, #, # (valid up to 60 days)

NOTE:

Outstanding and previously authorized debit card purchases MUST be honored and will be processed through the new checking account (or the Savings Account(1) if a new checking account is not opened).

☐ OVERDRAFTING TO LINE OF CREDIT*

I hereby request that any overdrafts from my new checking account going forward, overdraft to my existing Line of Credit in accordance with my original loan and loan agreement.

If there is a co-borrower on this Line of Credit I understand s/he must also sign below and that without this signature, the new checking account WILL NOT have this overdraft protection feature.

*I understand I must contact a Real Estate Servicing Representative if this is a line of credit secured by real estate and I wish to retain the overdraft protection feature.

SIGNATORY AUTHORIZATION AND AGREEMENT

I agree to indemnify you for any payment made on this account(s) by you in good faith and in reliance on the terms and conditions contained in my previous account agreement before you have had a reasonable opportunity to act upon this properly completed request. Further, I hold DCU harmless from any actions taken by any party as a result of my having made this request and you having acted on it.

By signing below, I request the changes listed above and agree that, except as indicated on this form, the information previously provided to you is correct.

Prime Owner’s Signature __________ Date __________

Co-Borrower’s Signature (if necessary) __________ Date __________

MTS/External Access Removed? __________

New X-Ref __________ Old X-Ref __________

Email to ACH to Clear Specific Checks and ACH Debits and Credits __________

Rec: _____/_____/______ Processed By: ________ Called Operations (PIN & Cards) ________ Audited By # ______

INTERNAL USE ONLY