



Change of Ownership Authorization with Full Consent Application Checklist

Please use the Change of Ownership with Full Consent form to remove a joint owner with 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



BANKING – THE DCU WAY

Digital Federal Credit Union • 220 Donald Lynch Blvd.
P.O. Box 9130 • Marlborough, MA 01752-9130
508.263.6700 • 800.328.8797 • dcu.org • dcu@dcu.org

Change of Ownership Authorization with Full Consent

IMPORTANT

By completing this form, all owners understand that the Personal Identification Number (PIN) assigned to this membership will be* changed and, as applicable, the customized Online Banking password for this membership will be changed. Any Visa® (Debit) Check Card will be deactivated and a new one(s) issued in the name of the remaining owner only.

Outstanding check card purchases initiated by the Joint Owner up to this date **MUST** be honored and will be processed through the checking account.

Membership # _____

Please remove _____ as an Owner from the DCU Account(s) identified below:
Please Print

Savings # _____ , # _____ , # _____ , Checking # _____ , # _____ , # _____ , Certificate # _____ , # _____

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

I hereby request that the PIN for this membership not be changed. I understand that you strongly advise against this and that my making this request constitutes my agreement to hold DCU harmless from any and all liability for any action that takes place as a result of DCU honoring this request.

Not valid without Initials (Remaining Owner): _____

SIGNATORY AUTHORIZATION AND AGREEMENT

Effective today I renounce all rights and future obligations, other than Check Card purchases previously authorized by me, to the above account(s). I understand that it is my responsibility to cancel all pre-authorized deposits to and withdrawals from this account(s) as applicable by notifying the appropriate parties. I have returned or destroyed any checks, ATM Cards, and/or Check Cards that were issued in my name on this membership and I agree I will not transact any business under the terms of the previous account(s) nor will I attempt to make use of the account(s) in any way.

Signature of Owner to be Removed Date

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 upon 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.

Remaining Owner's Signature Date

INTERNAL USE ONLY

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 # _____

