Change of Ownership Authorization Checklist

The following Change of Ownership Authorization form should be used to remove a joint owner with their consent from any and all of your DCU accounts.

Please follow these steps to speed up the processing of your Change of Ownership Authorization form request at Digital Federal Credit Union (DCU), a division of First Technology Federal Credit Union:

1. Complete the Change of Ownership Authorization in its entirety and sign it. **Incomplete or unsigned forms will result in delays.**

2. Send the completed form for processing in **one** of the following ways:

   a. Fax to **833.670.2311**

   b. Email to **membershipmaintenance@dcu.org**

   c. Mail to:
   Digital Federal Credit Union
   Membership Maintenance
   PO Box 9130
   Marlborough, MA 01752-9130

What You Can Expect

- We will begin to review your form within 3-5 business days of receipt.
- If additional information is needed, a member of the Membership Maintenance team will reach out to you via email.

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Change of Ownership Authorization

IMPORTANT

By completing this form, all owners understand that the Personal Identification Number (PIN) assigned to this membership will be changed. (**NOTE**: It is advised that the Primary Owner change the Digital Banking password) Any Visa® Debit Card will be deactivated and a new one(s) issued in the name of the remaining owner only.

Any debit card transactions authorized by the removed joint owner before the change in account ownership becomes effective will still be posted to and paid from the checking account in accordance with the Account Agreement for Consumers.

Membership # _____

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

Savings # _____ , _____ , _____

Checking # _____ , _____ , _____

Certificate # _____ , _____ , _____

NOTE: Changes in deposit account ownership do NOT impact any loan on which you may be listed as the Borrower 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): _____

AUTHORIZATION AND AGREEMENT

Effective today I renounce all rights and future obligations other than debit 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 debit 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 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.

_____ _____
Primary 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 # _____

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