



PO Box 2510  
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 425.888.4004  
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## ACCOUNT OWNERSHIP RELEASE

**ACCOUNT NUMBER:**

As owner(s) of this account, we authorize the removal of \_\_\_\_\_ as owner effective \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_ and agree that \_\_\_\_\_ relinquishes all claim to any funds or deposits in this Savings, Certificate of Deposit, and/or Checking account as of this date forward. **Any existing loan agreement is not affected by this release.**

By your signatures below, all owners agree to this change and recognize the impact of any IRS reporting. **Signatures require notary unless witnessed by a Sno Falls Credit Union employee. Sno Falls Credit Union requires the completion of a membership card and agreements designating new owners.**

<b>Signature of Owner Retaining Interest</b>	<b>Date</b>	<b>Employee Initials</b>

State of \_\_\_\_\_ County of \_\_\_\_\_ *Notary Seal*

Signed before me by \_\_\_\_\_ on \_\_\_\_\_ (date).

\_\_\_\_\_  
 Notary Public

<b>Signature of Owner Releasing Interest</b>	<b>Date</b>	<b>Employee Initials</b>

State of \_\_\_\_\_ County of \_\_\_\_\_ *Notary Seal*

Signed before me by \_\_\_\_\_ on \_\_\_\_\_ (date).

\_\_\_\_\_  
 Notary Public