



**GEORGETOWN UNIVERSITY  
ALUMNI AND STUDENT  
FEDERAL CREDIT UNION**

**GUASFCU**  
3700 O Street, NW  
Leavey Center Suite 1328  
Washington, DC 20057  
(202) 687-8616

**VOLUNTARY REMOVAL OF JOINT OWNER REQUEST**

**Please complete all items.**

\_\_\_\_\_

Primary Owner Name

Last Four Digits of Social Security No.

\_\_\_\_\_

GUASFCU Account No.

\_\_\_\_\_

Best Contact No.

\_\_\_\_\_

Email Address

**I (We) voluntarily request that the name(s) listed below be removed as the joint owner(s) of the GUASFCU account listed above, and if applicable, also removed as the authorized user of a Jack the Bulldog Visa® Check Card.**

\_\_\_\_\_

Joint Owner (1) Name

Last Four Digits of Social Security No.

\_\_\_\_\_

Best Contact No.

\_\_\_\_\_

Email Address

\_\_\_\_\_

Joint Owner (2) Name

Last Four Digits of Social Security No.

\_\_\_\_\_

Best Contact No.

\_\_\_\_\_

Email Address

▶ \_\_\_\_\_

Primary Owner Signature

\_\_\_\_\_

Date (Mo., Day, Yr.)

▶ \_\_\_\_\_

Joint Owner (1) Signature

\_\_\_\_\_

Date (Mo., Day, Yr.)

▶ \_\_\_\_\_

Joint Owner (2) Signature

\_\_\_\_\_

Date (Mo., Day, Yr.)

**For Office Use Only:**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Scanned:

Form Enacted 2/2013



