



PO Box 24901, El Paso, TX 79914-9001 1-800-351-1670 email: cumail@firstlightfcu.org website: www.firstlightfcu.org

Relinquish Form

Dear FirstLight Federal Credit Union,

Please be advised, that as of _____ I _____
(date) (name)
Voluntarily remove myself from our joint account _____
(acct.)
in the name of _____ (primary name).

I fully understand that I will no longer be entitled to the funds presently held at FirstLight Credit Union in the above-mentioned account. I also understand that if I have signed as a co-applicant on any loan on this account, I will remain responsible for the entire term of the contract.

Sincerely,

_____	_____
Print Name	Signature
_____	_____
Print Name	Signature
_____	_____
Print Name	Signature

State of _____
County of _____

This instrument was acknowledged before me on _____
(date)
by _____.
(name(s) of person(s) acknowledging)

SEAL _____
NOTARY PUBLIC

My commission expires the ____ day of _____, ____.

El Paso Branches: 915-562-1172
1741 Marshall Road
9993 Kenworthy Street
1555 N. Lee Trevino Drive
5050 N. Desert Boulevard
William Beaumont Army Medical Center

Las Cruces Branches: 575-526-4401
300 E. Foster Road
3105 Del Rey Blvd.
3791 E. Lohman Ave.