

Change of Ownership Authorization Checklist



Please use the Change of Ownership Authorization form to remove a joint owner with their consent from any and all of your DCU accounts.

To speed the processing of your request, please follow these steps:

1. Complete the Change of Ownership Authorization in its entirety and sign it. Incomplete or unsigned forms will delay the processing of your request.
2. Send the form to DCU for processing by **one** of the following ways:
 - a. Fax to **833.670.2311**
 - b. Email the form to **membershipmaintenance@dcu.org**
 - c. Mail your completed form to:

Digital Federal Credit Union
Membership Maintenance
220 Donald Lynch Boulevard
PO Box 9130
Marlborough, MA 01752-9130

What you can expect

- If received by mail: Allow 2 weeks for your request to be processed
- If received by email or fax: Once your request is received it will be processed within 48 business hours



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: If the membership contains a customized Digital Banking password, this will also be changed.) Any Visa® Debit Card will be deactivated and a new one(s) issued in the name of the remaining owner only.

Outstanding debit 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:
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 # _____