



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



