



JOINT OWNERSHIP RELEASE FORM

I hereby authorize and instruct the removal of my name as a joint owner for account number _____ in the name of _____ with Coast 2 Coast Financial Credit Union in Tampa, FL and further relinquish all ownership rights and privileges associated with said account. I further affirm that this action is being taken of my own free will and agree to hold Coast 2 Coast Financial Credit Union harmless of any action that may be taken by me or my heirs and free from any litigation or responsibility associated with honoring this release of all ownership rights in the above described account. This form must be notarized unless signed in the presence of a Coast 2 Coast Financial Credit Union employee.

Dated this ____ day of _____, 20__.

Signature _____

Sworn and subscribed before me this ____ day of _____, 20__.

Credit Union Employee

Notary

My commission expires:

Coast 2 Coast Financial Credit Union
8916 Sabal Industrial Blvd. Tampa, FL 33619
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