

Business Account Request Remove Authorized Signatory(ies) Form

Please use this form to remove an Authorized Signatory(ies) from a business account.

NOTE: This form cannot be used to remove Partners, Members or Officers. To make changes to the business ownership, the existing membership must be closed, and a new Business Account Application must be submitted.

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

1. Complete the following form in its entirety. If left incomplete or unsigned it will delay processing of your request.
2. Send the form to DCU for processing by **one** of the following ways:
 - a. Bring the form to your nearest DCU branch
 - b. Email to specializedaccounts@dcu.org
 - c. Fax to 508.463.1369
 - d. Mail your completed form to:

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

NOTE: Emails sent to us at the email address listed here are not encrypted, so you should not use this email address to send Account numbers or other personal information.

What you can expect

- If submitting your application electronically, please allow 1-2 business days for processing.
- If submitting by mail, processing time will increase.

Business Account Request Remove Authorized Signatory(ies) Form



DCU Member #: _____ Business Name: _____

Instructions: Complete this form in full. The Sole Proprietor, Managing Member, Managing Partner, or Executive Officer must sign to authorize any changes.

Remove the following Authorized Signatory(ies) from this Membership:

_____ Legal First Name	_____ Legal Last Name
_____ Legal First Name	_____ Legal Last Name

Please select **one** of the options below:

Option 1: Full Consent - Authorized Signatory(ies) being removed must sign below. If unable to obtain signature, skip to Option 2.

What to expect:

- PIN will change unless initialied by business account owner below *
- Account(s) will remain open
- Any existing Visa Debit Card or Savings ATM Card will be deactivated and a new one issued in the name of the remaining owners
- All previously authorized Visa Debit Card transactions will be processed

*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 _____
Business Account Owner

Remove from ALL Accounts **OR** Remove from just the following Accounts:

Acct # _____

Acct # _____

Signature (Authorized Signatory to be removed) Date

Signature (Authorized Signatory to be removed) Date

Signature (Sole Proprietor, Managing Member, Managing Partner, Executive Officer) Date

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OR

Option 2: Limited Consent - Signature of Authorized Signatory(ies) is not required, however,

- PIN will change **without exception**
- Account (s) must be closed
- Any existing Visa Debit Card or Savings ATM Card will be deactivated and a new one issued in the name of the remaining owners
- All previously authorized Visa Debit Card transactions will be processed
- Members should contact all merchants and depositors to update new account information as soon as possible to avoid interruptions in transactions posting

Remove from ALL Accounts

OR

Remove from just the following Accounts:

Acct # _____

Acct # _____

Signature (Sole Proprietor, Managing Member, Managing Partner, Executive Officer)

Date

Please sign this request. Typed names will not be accepted unless verified as a digital signature.

INTERNAL USE ONLY

Rec'd: ___ / ___ / _____ Processed By: _____ Audited By # _____