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Revocation of Share / Share Draft Account Agreement

The HealthShare Credit Union is hereby authorized to revoke the share account agreement for account number _____. This revocation removes from ownership the following person on the account: _____.

Any account owner and or beneficiary so removed from this account shall have no interest, right or privilege in and to the account statutory or consensual lien created by the account owner prior to the date of this revocation.

Signature of Owner Being Removed: _____

Print Name: _____

Date: _____

Account Number: _____

This form only needs to be notarized if member does not sign in the presence of a HealthShare Credit Union employee.

State of North Carolina, County of _____

Sworn to (or affirmed) before me this _____ (dd/mm/yyyy) by _____

(Parent or Legal Guardian) who is personally known to me or has produced the following as valid identification _____.

Notary Signature

(Seal or Stamp)