Indemnification Agreement to Remove a Signer

Smart Financial Credit Union requires that to remove a signer from an account, this agreement must be signed by the Primary Member and the person to be removed as a signer from the account.

Primary Member: _____
Name of Member

Joint Signer to be Removed: _____
Name of person to be removed

Accounts Affected: _____
List all account numbers affected by this change

Deceased ☐ *Yes* ☐ *No* *Death Certificate presented* ☐ *Yes* ☐ *No*

As the Primary Member you agree to keep us indemnified against all actions, proceedings, costs, loss and damage of any kind which we may suffer as a result of our acting on your (Member) instructions in accordance with this Agreement, or as a result of your failure to comply with your duties under this Agreement. It is your duty to inform the person you are removing from the account of such action and to request that all checks and Cards (Debit/ATM) be returned to you by the person being removed from the accounts. As the signer to be removed, you understand you will have no authority or legal claims to the affected accounts and any checks written by you will not be honored by the Credit Union.

The Joint Signer (to be removed) signature **must be notarized** if unable to be present upon signing below unless the signer is deceased.

If the signer being removed is DECEASED, the surviving signer is required to present a Death Certificate.

Primary Member: _____ _____
Signature Date

Joint Signer to be Removed: _____ _____
Signature Date

State of
County of

On_____, before me, _____,
(date) (notary)

☐ personally appeared, _____,
(signers)

☐ personally known to me -- OR --
proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument

WITNESS my hand and official seal

(seal)

_____
(notary signature

SFCU Use Only:

Branch:	Employee:	Date: