Assignment of Interest



				" MSU FEDE	RAL CREDIT UNION
ACCOUNT #		\neg			
JOINT PARTY INFORMATION					
Name First Middle		Last		Primary Phone	
Physical Address – Street & Apt.	□ Own □ Rent		City	State	ZIP
Mailing Address (if different than ph	ysical address) – Street & A	Apt. or PO Box	City	State	ZIP
By signing below, the joint ow ownership in all funds on depor or proceeds of any other kind	osit and funds to be d	deposited to the a			
In the event there remains mo ownership of the account bet			ount, the assignme	ent does not aff	ect the joint
Signature Date					
Printed Name					
Subscribed and sworn to before (Affiant) who is personally knowledges to be.	ore me thisday own by me or has pres	ofsented evidence s	, 20, by sufficient to identify	/ Affiant as the μ	person Affiant
			Notary Pu	blic	
					County,
				ng in County Commission Expires:	
NOTE: This form should be indicated above, including a the primary member or rem trust accounts.	Il subaccounts. Their	r signature must	be notarized. This	form cannot be	e used to remove
Ret	urn your completed	Assignment of I	nterest form to M	SUFCU	
Mail MSU Federal Credit Union PO Box 1208 East Lansing, MI 48826	Fax 517-664-7347 or 866-374-2123	Online Scan and upload your completed form to the eMessage Center through ComputerLine.			mpleted form to branch location.
FOR OFFICE USE ONLY Request completed by:					
	yee name and number			Date	
☐ ATM/Visa Debit ☐ Verify if joint me			ComputerLine/Mo Name records cre Remove name(s) f Sent confirmation	ated on loan(s) rom check orde	er

☐ Review all transfer paths for removed party