

# Assignment of Interest



**ACCOUNT #** \_\_\_\_\_

**JOINT PARTY INFORMATION**

Name First	Middle	Last	Physical Address – Street & Apt. <input type="checkbox"/> Own <input type="checkbox"/> Rent	City	State	ZIP Code
Mailing Address (If different than physical address) – Street & Apt. or PO Box			City	State	ZIP Code	

By signing below, the joint owner of the account number identified above, including all subaccounts, relinquishes ownership in all funds on deposit and funds to be deposited to the above account, either as shares, deposits, dividends, or proceeds of any other kind, to the remaining account owner(s).

In the event there remains more than one account owner on this account, the assignment does not affect the joint ownership of the account between the remaining owners.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_ (Affiant) who is personally known by me or has presented evidence sufficient to identify Affiant as the person Affiant claims to be.

\_\_\_\_\_  
 Notary Public  
 \_\_\_\_\_ County,  
 Acting in \_\_\_\_\_ County  
 My Commission Expires: \_\_\_\_\_

**NOTE: This form should be signed by the joint party who is relinquishing their rights to the account number indicated above, including all subaccounts. Their signature must be notarized. This form cannot be used to remove the primary member or remove an individual from a loan. This form is not applicable to business, organization, or trust accounts.**

**Return your completed Assignment of Interest form to OU Credit Union**

- |   |                            |  |   |
|---|----------------------------|--|---|
| <b>Mail</b><br>Oakland University Credit Union<br>PO Box 1208<br>East Lansing, MI 48826 | <b>Fax</b><br>866-374-2123 | <b>Online</b><br>Scan and upload your completed form to the eMessage Center through ComputerLine.® | <b>In Person</b><br>Bring your completed form to any OU Credit Union branch location. |
|---|----------------------------|--|---|

**FOR OFFICE USE ONLY**

Request Completed By: \_\_\_\_\_  
 Employee Name & Number \_\_\_\_\_ Date \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Unenroll removed joint party from eAlerts | <input type="checkbox"/> ComputerLine/MoneyLine access changed    |
| <input type="checkbox"/> ATM/Visa Debit Cards blocked              | <input type="checkbox"/> Name records created on loan(s)          |
| <input type="checkbox"/> Verify if joint member is on loans        | <input type="checkbox"/> Remove name(s) from check order          |
| <input type="checkbox"/> Sent confirmation to primary member       | <input type="checkbox"/> Sent confirmation to removed joint party |

