



P.O Box 310
Kulm, ND 58456
647-2448

P.O. Box 230
Ashley, ND 58413
288-3439

P.O Box 225
Hazelton, ND 58544
782-6841

109 McDougall Dr. #5
Lincoln, ND 58504
751-1613

Authorization For Removal Of Name From Account

I hereby request that my name and signature authority be removed from the following accounts at Hometown Credit Union:

| Account Number | Names on Account |
|----------------|------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I understand that my removal from the above account(s) shall be effective as of 12:00 midnight of the date of the signing of this statement. I also understand that I am relinquishing all right, title, and claim to all balances that may exist in the above account(s) and that I will no longer have any right to withdraw any monies from said account(s). I also understand that I will be liable for any overdraft balances in any of the accounts as of 12:00 midnight of the date of the signing of this statement.

Witness Signature

Date

Member's Signature

Date