

NAME REMOVAL REQUEST

Customer Name _____

Customer Service Address _____

Account Number _____ Date _____

Remove my name from account

Copy of driver's license

Copy of lease, final settlement statement, or county website page

By my signature below, I request that my name be removed from the above referenced account. I understand that by being removed from the account I will no longer have credit history on this account. I also relinquish my rights to all deposits held on this account.

Print Name**Signature**

OFFICE USE ONLY

Received By _____ Date _____