

# Revocation of Pay-on-Death Agreement

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Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

I, \_\_\_\_\_, hereby revoke the Pay-on-Death Account Agreement with Interra Credit Union dated \_\_\_\_\_, which names \_\_\_\_\_ as beneficiary.

IN WITNESS WHEREOF, I sign my name to this Revocation this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*If the account is a multi-party (joint) account, all owners must sign acknowledging the Revocation.