

# Revocation of Pay-on-Death Agreement

---

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

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

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.