REQUEST TO REMOVE AUTHORIZED SIGNER

We hereby authorize removal of the individual(s) designated in Part 2 from the account named in Part 1.

The individual(s) identified for removal from the account will no longer be permitted to transact business in this account, which includes making deposits or withdrawals; receiving or having access to account information, including account balances and transactions; having access to any records relating to the specified account; and giving electronic, telephonic, verbal or written instructions regarding the account and account activity. The removed individual(s) will no longer be permitted to perform any acts related to the use of the specified account, including writing checks and using a debit card. Debit card and online banking access will be disabled for all signers being removed.

PART 1: Account Information

Account Number _____ Account Title _____

Account Type: ◯ Checking ◯ Savings ◯ Money Market

PART 2: Account Signer Information

Signatures required.

Each individual authorized on the account must sign below.

Name of Authorized Signature	Last 4 of SSN	Remove from account?	Signature	Date (mm/dd/yyyy)
		◯ No ◯ Yes		
		◯ No ◯ Yes		
		◯ No ◯ Yes		
		◯ No ◯ Yes		
		◯ No ◯ Yes		

Note: The Primary Account Holder cannot be removed from the account since the tax reporting is under his/her Social Security number.

- Allow three to five business days for processing.
- The Bank is not responsible for items presented prior to the removal of the above-designated signers.
- For certain accounts, additional documentation may be required, or a new account may need to be established.

Please **mail or fax** this completed form to:

The Bancorp Bank, N.A. Attn: Deposit Operations
409 Silverside Road, Suite 105, Wilmington, DE 19809

Fax: 302.791.5771

Banking services provided by:
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