



REQUEST TO REMOVE ACCOUNT SIGNER

409 Silverside Road, Suite 105
 Wilmington, DE 19809
 P: 800.555.9316
 F: 302.791.5771

We hereby authorize removal of the individual(s) designated below from the below-referenced account.

The designated individual(s) 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 designated individual(s) also 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, and debit card and Internet banking access will be disabled for all signers being removed.

| PART 1: Account Information | | | | | | | | | | | |
|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|
| Account Number: | | | | | | | | | | | Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> HSA |
| Account Title: | | | | | | | | | | | |

PART 2: Account Signer Information - Signatures Required

Each individual authorized on the account must sign below.

| Print Name of Authorized Signer | Last 4 digits of SSN | Remove from account? | Signature | Date (mm/dd/yyyy) |
|---------------------------------|----------------------|--|-----------|-------------------|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

- 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 HSA
 Attn: Deposit Operations
 409 Silverside Road, Suite 105
 Wilmington, DE 19809
 Fax: 302.791.5771