Delete Account Holder
University of Delaware

Required Information:

Existing Account Holder: _____

Existing Account Holder: _____

Daytime Phone: (___) _____ Email Address: _____

WSFS Account(s): _____

List all WSFS Account #'s requiring maintenance (as detailed below)

List Current Information For Account Holder Being Removed From Account(s)

Name _____
Social Security No. _____
Date of Birth _____
Street Address _____
City, State Zip _____
Phone _____

Authorization to Remove Depositors Name from Account

I, _____, the undersigned, one of the depositors of record on the above referenced account, do hereby authorize and direct WILMINGTON SAVINGS FUND SOCIETY to remove my name as a depositor of record from such account(s).

For the purpose of enabling WILMINGTON SAVINGS FUND SOCIETY to comply with the foregoing order to remove my name from the account(s), I do hereby relinquish all right, title and interest in such account(s), and do hereby transfer the same to the remaining depositor of record, and further do hereby relieve WILMINGTON SAVINGS FUND SOCIETY from any responsibility or liability to me as a result of removing my name from the account(s) as directed.

By signing this form I/We hereby acknowledge receipt of the disclosure of the terms and conditions for the services requested herein and agree to be bound by them. Under penalty of perjury, I (We) certify: (1) that the number(s) shown on this form is/are my (our) correct taxpayer identification(s) and (2) that I (we) are not subject to backup withholding, either because I (we) have not been notified that I (we) are subject to backup withholding as a result of a failure to report all interest of dividends, or the Internal Revenue Service (IRS) has notified me (us) that I (we) are no longer subject to backup withholding. (If section (2) of this sentence is not a correct statement, strike out that section.) The IRS does not require your consent to any provision of the document other than the certifications required to avoid backup withholding.

_____
Signature of Removed Account Holder Date

_____
Signature of Remaining Account Holder Date

Required Information: Delete Account Holder Form must include signatures of all persons involved.

Please submit request via WSFS Drop Box in the Trabant University Center
Or Mail to: WSFS Bank, Attn: Customer Service, P.O. Box 1889, Wilmington, DE 19899

*You will receive email and other appropriate notification upon receipt of request. If you do not receive this correspondence, please contact Customer Service at (302) 792-6000 or 1-888-WSFSBANK.

FOR BANK USE ONLY **Received by:** _____ **Date:** _____