

RECOMMENDATION FOR REVOCATION OF CO-SIGNED ACCOUNT(S)
(To be typed on Regional Family Services Office Letterhead)

TO: Bank, Credit Union, Caisse Populaire or
Trust Company

FROM: _____.

NAME: _____

NAME: _____.

ADDRESS: _____

ADDRESS: _____.

TELEPHONE: _____

TELEPHONE: _____.

The individual identified above is a vulnerable person as defined under The Vulnerable Persons Living with a Mental Disability Act. A co-signed account is no longer required and the individual should be the only signer on his/her account. Please accept this letter as formal recommendation for the revocation of co-signature(s) for bank account(s) under the individual's name.

Please note that the funds accrued in these account(s) are the sole property of the individual. The particulars are as follows:

Account #	Type of Account	Co-Signee Access Banking Machine Card (Yes/No)	Name of Co-Signee(s) to be Revoked

Please file this letter with the individual's bank records. Should you have any questions or should any problems arise with the administration of the above-noted account(s), please feel free to contact the office above.

RECOMMENDED BY:

SIGNATURES:

DATE: _____

(Individual or Family Member/Advocate, if possible)

DATE: _____

(Community Service Worker)

DATE: _____

(Program Manager/Supervisor – Community Living disABILITY Services)

- c. Administration Services, Main Branch of Banking Institution
Co-Signee(s) Revoked, as above
Service Provider, if not same as Co-Signee(s)
Individual's Department File