



Customer Removal Authorization Form

Complete all applicable sections by typing in the required information. To do so, simply click on the desired field and begin typing. Handwritten forms are strongly discouraged as it may cause delays.

Please complete the attached Customer Removal Authorization Form and return via mail or fax to:

Standard Mail:

Capital One Direct Banking
PO Box 4199
Houston, TX 77210-4199

Fax:

1-877-650-3528
Attn: CORR



Customer Removal Authorization Form

Customer Removal Authorization/Modification Agreement

On this _____ day of _____, 20____ (year), I, _____,
(Name of the person being removed)

the undersigned, hereby represent to Capital One that I am an owner/signer with a present right of withdrawal to Capital One Certificate of Deposit account number _____ (the "Account") established in the name(s) of:

Further, I hereby inform Capital One that I have no continuing interest in the funds in the above described Account and hereby direct Capital One to remove my name from the Account and change the title to:

Furthermore, I hereby agree, for myself and my heirs and personal representatives, to release, indemnify and hold harmless and forever discharge Capital One for any and all actions, suits, claims, liabilities, damages, expenses, taxes, costs, assessments and fees (including without limitation reasonable attorney's fees) which may arise, directly or indirectly, out of any interest in the Account I have or had arising out of Capital One's actions in removing my name from the right of withdrawal or access to the Account.

In Witness Whereof, I have here unto set my hand and seal this _____ day of _____, 20____ (year),

(Signature of person whose name is being removed)

Seal

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ (year),

by _____
(Name of person acknowledging)

My commission Expires: _____

Notary Public