

SAFE DEPOSIT BOX LEASE TERMINATION AGREEMENT

ACCOUNT INFORMATION

Member Name: _____ Member Number: _____
 Date of Agreement: _____ Initial Annual Rent: _____
 Box number: _____ Box Size: _____

CO – LESSEE INFORMATION

Add Remove Co – Lessee Name: _____ Relationship: _____
 Add Remove Co – Lessee Name: _____ Relationship: _____
 Add Remove Co – Lessee Name: _____ Relationship: _____

By signing below you acknowledge that (1) you are a renter under this Agreement or the personal representative of that person entitled by law to the property contained in the Safe Deposit Box, (2) you have removed all contents from the Box, (3) you have surrendered all keys and other access devices to the Box, and (4) this Agreement is terminated and all duties and liabilities or claims of the parties are discharged and released.

TERMINATION AGREEMENT

Number of Keys at Termination _____ Amount owed by Lessee \$ _____

X _____
 Member Signature Date

X _____
 Co – Lessee Date

X _____
 Co – Lessee Date

X _____
 Co – Lessee Date

UKRFCU USE ONLY

I attest that the Safe Deposit Box (Box Number _____) was emptied and all contents were removed.

 Employee Name

X _____
 Employee Signature