

## **Change of Contact Information**

If you are an account owner, we will change the contact information for the accounts/owners you indicate below.	
🗌 Change physical address 🔲 Change prima	ary/mailing address 🔲 Change phone/E-mail information
Apply to primary only Apply to all ov	vners Apply to joint owner only
Apply to this membership only ( <i>member number</i> )	
Apply to all memberships ( <i>Please list member numbers below</i> )	
///	
Primary Member Name: Joint Owner Name:	
New primary/mailing address:	
Street/Apt./Suite/Unit:	
City/State/Zip	
If address listed above is a PO Box, please provide physical address below.	
Street/Apt./Suite/Unit:	
City/State/Zip	
Contact Information:	
Primary Owner:	Joint Owner:
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone:	Cell Phone:
E-mail address:	E-mail address:

**Consent to Contact.** By signing below, I consent to receiving telephone calls and text messages from the credit union or its third party debt collector at any telephone number associated with my account, loans, or lines of credit, including wireless telephone numbers (i.e., cell phone numbers) which could result in charges to me, in order for the credit union to service my account or collect any amounts owed to the credit union, excluding any contacts for advertising and telemarketing purposes as prescribed by law. I further agree methods of contact may include use of pre-recorded or artificial voice messages, and/or use of an automatic dialing device. I acknowledge I may withhold such consent by striking through this paragraph at the time of the signing of this application or withdraw such consent by written notice to you at Tyndall Federal Credit Union, P.O. Box 59760, Panama City, FL 32412-0760, by telephone at 850-747-4300 or 888-896-3255, toll-free, or by any other reasonable means. I agree, if I have provided or provide a wireless telephone number(s) to the credit union in connection with my accounts, loans, or lines of credit, or any of them, I represent and agree I am the wireless subscriber or customary user with respect to the wireless telephone number(s) provided and have the authority to give this consent. Furthermore, I agree to notify the credit union of any change to the wireless telephone number(s) which I provide to the credit union. I agree to indemnify and hold harmless the credit union and its third-party debt collectors from and against any and all losses, claims, damages, liabilities, costs or expenses (including any attorneys' fees) that arise out my breach of any of the foregoing representations and agreements.

Signature

Date \_\_\_\_\_

Name (Printed)

We will verify your signature against our account records.

You may fax this form to the Member Service Center at 850-747-4215