



## Member Privilege Opt-Out Form

I/We, the undersigned, as sole accountholder(s) of Financial Federal Credit Union account number \_\_\_\_\_, do not wish to have the normal Member Privilege limit applied to this account. I/We understand that in signing this waiver, Financial Federal Credit Union will not provide Member Privilege, as disclosed to us, to this account. I/We further understand that in order to have Financial Federal Credit Union apply Member Privilege limit to this account in the future, the account must be in good standing at the time of the request to do so, and a reactivate Member Privilege form has to be filled out and sent to Financial Federal Credit Union.

Date: \_\_\_\_\_

Depositor(s) Signature:

\_\_\_\_\_  
\_\_\_\_\_

Employee: \_\_\_\_\_

### For Credit Union Use Only:

Date of Change on System: \_\_\_\_\_

Time of Change on System: \_\_\_\_\_

Employee Keying Change: \_\_\_\_\_

### After completing this form, print and send it to:

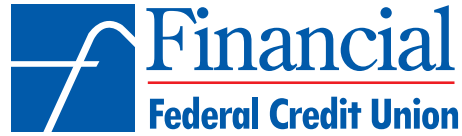
Financial Federal Credit Union

Member Privilege

22 East Flagler Street

Miami, FL 33131

Or fax it to: 305-577-2005



## Reactivate Member Privilege Form

I/We, the undersigned, as sole accountholder(s) of Financial Federal Credit Union account number \_\_\_\_\_, do wish to have the normal Member Privilege limit reactivated to this account. I/We understand that in signing this form, Financial Federal Credit Union will provide Member Privilege, as disclosed to us, to this account.

Date: \_\_\_\_\_

Depositor(s) Signature:

\_\_\_\_\_  
\_\_\_\_\_

Employee: \_\_\_\_\_

### For Credit Union Use Only:

Date of Change on System: \_\_\_\_\_

Time of Change on System: \_\_\_\_\_

Employee Keying Change: \_\_\_\_\_

### After completing this form, print and send it to:

Financial Federal Credit Union  
Member Privilege  
22 East Flagler Street  
Miami, FL 33131

Or fax it to: 305-577-2005