



PERMISSION TO MOVE COLLATERAL

Member's Name: _____

Account Number: _____ Date: _____

Freedom 1st Federal Credit Union has given the above-named individual permission to move the following collateral:

Year _____ Make _____ Model _____

Vin # _____

This collateral will be located at:

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Effective Date: _____

My insurance company:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Agent's Name: _____

I will notify **Freedom 1st Federal Credit Union**, in writing, of any changes in my address, phone numbers (home and work), and/or my insurance company.

Member's Signature: _____ Date: _____

Approved By: _____ Date: _____

Employment Information:

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Name of Closest Relative: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number Home: _____ Work: _____

Relationship to you: _____

If the collateral will be in storage, please provide the following:

Name of Storage Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Do We Have A Copy Of The Title In The File?

Yes No

Are We On The Title As The Lien Holder?

Yes No

Additional Information: _____

