



Thank you for reaching out to us!

We are more than happy to guide you in completing your request.

Complete the following **Verification of Deposit (VOD)** in its entirety, including the **MEMBER'S** signature.

Use the Directions page as a guide to enter the necessary information in the correct sections.

Once completed, please **FAX** the **SIGNED** form to (813) 740-2015. Requestors will receive an email or fax with the requested information within 2 business days.

Directions for the Verification of Deposit

Use the following instructions as a guide to enter the appropriate information in each section of the form.

Suncoast Member Information

- Enter the Member Name(s) as it appears on the account for all individuals to be included in this request. One name per box please.
- Enter the **Last 4 digits** of the SSN for all members to be listed on this form. **Please ONLY enter the LAST 4 digits.** One entry per box please.
- Enter the Member Number(s) for all accounts to be included in this request. Use the additional line if necessary.

Suncoast Member Information

PLEASE WRITE LEGIBLY TO ENSURE COMPLETION

*Name on Account: (All names listed must sign this request)	Member 1	Member 2	Member 3
*Last 4 digits of SSN: (Include last 4 digits of SSN for all names listed)	Member 1	Member 2	Member 3
Member Number(s):			
Member Number(s)(cont'd):			

Signatures

- Please include the member signature for each member's name and SSN listed in the previous section.

Accountholder Signature	Date
Accountholder Signature (if applicable)	Date
Accountholder Signature (if applicable)	Date

Requestor Information

- Enter the Requesting Company, Email address, and Phone number.

PLEASE WRITE LEGIBLY TO ENSURE EMAIL DELIVERY

Requesting Company:			
Email:		Phone :	



Please complete all required fields on the form including the customer authorization signature.
Once completed, fax to (813) 740-2015.

- Requestor will receive an emailed or faxed response within 2 business days.

Suncoast Member Information

PLEASE WRITE LEGIBLY TO ENSURE COMPLETION

*Name on Account: (All names listed must sign this request)	Member 1	Member 2	Member 3
*Last 4 digits of SSN: (Include last 4 digits of SSN for all names listed)	Member 1	Member 2	Member 3
Member Number(s):			
Member Number(s)(cont'd):			

I/We authorize and direct Suncoast Credit Union to release the following information to the requestor on my deposit accounts listed above: Share ID, Description, Open Date, Interest Rate, Dividend YTD, Current Balance, 180-Day Avg Balance, Withdrawal Penalty (if applicable), and Joint Owners (if applicable).

Accountholder Signature (Member 1)

Date

Accountholder Signature (Member 2 if applicable)

Date

Accountholder Signature (Member 3 if applicable)

Date

Requestor Information

PLEASE WRITE LEGIBLY TO ENSURE FAX OR EMAIL DELIVERY

Requesting Company:		Phone:	
Email:		Fax :	

Suncoast may provide account information, including but not limited to, opening date, balance and average balance of all accounts listed above and additional accounts not listed. Suncoast shall be held harmless from and against any claim or loss suffered or incurred as a result of the release or use of information requested here.