



Charitable Bingo Division

Texas Notice of Change for Accounting Unit

(Rev. 10/08)

ACCOUNTING UNIT INFORMATION

1. Unit Number
2. Unit Name
Individual's name to contact (PLEASE PRINT)
Enter daytime telephone number of contact person (include Area Code)
Alternate phone number (include Area Code)
E-mail address (optional)

EFFECTIVE DATE

3. Enter the date that the changes on this form are effective:
Month (MM) Day (DD) Year (YYYY)

Complete only the section corresponding to the information that is changing.

MAILING ADDRESS

4. Complete this section to change the mailing address of your accounting unit. Enter the new mailing address information where future accounting-related correspondence should be sent:
Mailing Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20.)
City State Zip Code County

PLAYING LOCATION INFORMATION

5. Complete this section to change the playing location where all the unit members will be conducting bingo.
Enter the name of the bingo hall where the members are licensed to conduct bingo
Physical address of the bingo hall (Do not enter PO Box or Rural Route. Do not give directions, i.e., 5 miles north of I-20.)
City State Zip Code County
Enter the phone number of the bingo hall (include Area Code)
Enter the fax number of the bingo hall (include Area Code)

MEMBER ORGANIZATION INFORMATION

Complete this section to change the membership of your accounting unit.

Departing Members

6. Enter the organization information for members withdrawing from the unit and the effective date(s) of withdrawal. (If your unit agreement specifies that the withdrawing member is entitled to either a share of the inventory or payment for the member's share of the inventory, complete the corresponding checkbox.)

Name of Organization Taxpayer Number Withdrawal Date
Paid for inventory \$ Inventory transferred and a copy attached Method and documentation to be sent within 25 days

**New Members**

7. Enter the organization information for new unit members and the effective date they joined the unit.

\_\_\_\_\_  
Name of Organization Taxpayer Number Effective Date

No inventory transferred  Inventory transferred and a copy attached  Inventory transferred and a copy will be sent within 25 days

\_\_\_\_\_  
Name of Organization Taxpayer Number Effective Date

No inventory transferred  Inventory transferred and a copy attached  Inventory transferred and a copy will be sent within 25 days

\_\_\_\_\_  
Name of Organization Taxpayer Number Effective Date

No inventory transferred  Inventory transferred and a copy attached  Inventory transferred and a copy will be sent within 25 days

**MANAGEMENT**

Complete this section to change the unit manager, designated agent, or trustee organization for the accounting unit.

8. To change the Unit Manager, enter the following information:

\_\_\_\_\_  
Enter the name of the new Unit Manager Unit Manager Taxpayer Number

9. To change the Designated Agent, enter the following information:

\_\_\_\_\_  
Name (LAST, FIRST, MIDDLE INITIAL)

\_\_\_\_\_  
Social Security Number Driver's License Number State

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City State Zip Code Phone (Area Code & Number)

\_\_\_\_\_  
Race Gender (M F) Date of Birth (MM DD YYYY)

10. To change the Trustee Organization, enter the following:

\_\_\_\_\_  
Name of Trustee Organization Taxpayer Number

**OTHER CHANGES**

11. Briefly describe what section(s) are changing within the unit or trust agreement:

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

**sign here** ▶ \_\_\_\_\_ Signature of Designated Agent or Unit Manager \_\_\_\_\_ Print Name \_\_\_\_\_ Date