

OPT OUT REQUEST FORM

Check this box to opt out and complete the information below.

Please print clearly, and sign in ink.

MEMBER NAME _____

ACCT NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE NO. (____) _____

DATE _____

SIGNATURE TO AUTHORIZE OPT OUT REQUEST

Please mail this completed form to:

San Mateo Credit Union
Attn: Privacy Form
P.O. Box 910
Redwood City, CA 94064-0910

Please note: If we receive your opt out form, we will mark your records in our database within a reasonable amount of time.