

## 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.