

**Privacy Notice
Opt Out Response Form**

Member Number



Member Name (please print): _____

I have read the Privacy Notice disclosure provided by the credit union and I would like to limit the following:

- Do not share my personal information with nonaffiliates to market their products & services to me.

Note: Anyone listed on the account may elect to opt out on the account on behalf of all account holders.

Please opt me out of the following accounts:

- All accounts on which I am listed; or

List specific accounts

- Account # _____
- Account # _____
- Account # _____

Mail to:

Tri County Area FCU
1550 Medical Drive
Pottstown, PA 19464

Member Signature _____ Date _____