

Wyrope Williamsport

▶▶▶▶ Federal Credit Union
Moving forward with you!

OPT-OUT RIGHT

Account No. _____ Verified Via Phone _____

(SS# And Address) _____

I _____ request this day _____, to opt-out of information sharing with affiliates and non-affiliated third parties other than sharing permitted by law of the Credit Union.

Signature(s) _____ Date ___ / ___ / ___

Signature(s) _____ Date ___ / ___ / ___

Credit Union Witness: _____ Date ___ / ___ / ___

