

Opt Out Request Form

Mail-in Form		
Mark any/all you want to limit:		
<input type="checkbox"/> Do not share information about my creditworthiness with your affiliates for their everyday business purposes.		
<input type="checkbox"/> Do not allow your affiliates to use my personal information to market to me.		
Name		Mail to: First Community Credit Union Attn: Privacy Notice 200 N Adams St. Coquille, OR 97423
Address		
Account Number		