

Mail-in Form

Leave Blank

OR

If you have a joint account, your choice(s) will apply to everyone on your account unless you mark below:

Apply my choices only to me

By completing this form Citizens Federal Savings and Loan Association will abide by the following:

- 1. Do not share information about my creditworthiness with your affiliates for their everyday business purposes.**
- 2. Do not allow your affiliates to use my personal information to market to me.**
- 3. Do not share my personal information with non-affiliates to market their products and services to me.**

Name _____

Address _____

City, State, Zip _____

Account Numbers _____

SIGNATURE: _____

Mail to: Citizens Federal Savings & Loan, 110 N Main Street, Bellefontaine, OH 43311