

**Mail-in Opt-Out Form**



**COUNTYFEDERAL**

Mark any/all you want to limit:

- Do not share information about my creditworthiness with your affiliates for their everyday business purposes.
- Do not allow your affiliates to use my personal information to market to me.
- Do not share information about my transactions and experiences with your affiliates for their everyday business purposes.
- Do not share my personal information with other financial institutions to jointly market to me.
- Do not share my personal information with non-affiliates to market their products and services to me.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Account Number \_\_\_\_\_

Mail to:  
**Santa Clara County FCU**  
**1641 N. First St., Ste. 240**  
**San Jose, CA 95112**

**Please send in a secure envelope to protect your privacy**