

**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, 100 N Main Street, Bellefontaine, OH 43311