



Opt-Out Request Form

P.O. Box 8070 • Rochester, MN 55903-8070
(507) 288-0330 • 800-866-8199
www.firstalliancecu.com

Name _____ Account No. _____ Date _____

I would like to **“opt-out”** of the following uses of my personal information:

- Please do not disclose my/our personally identifiable information with your non-affiliated third-party companies or individuals.
- Please remove Courtesy Pay from my/our Share Draft Checking Account(s)

Signature _____

Date _____

Signature _____

Date _____

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For Internal Use Only

CUNA Mutual Group Suppression Toll-Free # 800-428-3932

- Contacted CUNA Mutual Group via telephone for the opt-out
- Gave member the telephone number for CUNA Mutual Group to opt-out.
- Enabled Privacy Flag on the system.

Employee Signature _____

Date _____