

Privacy Policy Appendix 1 - Opt Out Request Form

MAIL-IN FORM						
If you have a joint account, your choice(s) will apply to everyone on your account unless you mark below		Mark any/all you want to limit:				
		Do not share information about my cree	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 my personal information with nonaffiliates to market their products and services to me.				s and services to me.	
Apply my choices to me only.	Printed Name:					
				Mail to:	Capstone Federal Credit Union	
	Street Address:				Attn: Member Services 3 Polaris Way 31B	
	Apt/P.O. Box:				Aliso Viejo, CA 926656	
	City, State:					
	Zip:					
	Account Number:					
	Signature:		Date:			

## **Opt Our Form Instructions:**

- 1. You can either print out this form and manually fill it out, sign and date it and return mail it to Capstone Federal credit Union at the noted address or...
- 2. On this form please click to specify any/all selections you wish to limit and update your personal, and applicable account information.
- 3. Print this form or save this form onto your computer or mobile device to be printed and saved for your reference.
- 4. Sign and date the printed copy and mail the completed form to Capstone Federal Credit Union at the noted address.