

## Withdrawal of Consent Form

I wish to withdraw consent to use my personal data for the following purposes. Please check all that apply:

*(Enter in the purposes for which the organization uses personal data that the individual may opt out of as well as the effect of the opt-out)*

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To provide me with information, by direct mail, telephone or other means on the organization's products and services that you believe may be of interest to me. I understand that you may not be able to provide some benefits, services or information which may be of value to me.

To provide me with information on the products and services of your affiliates and service suppliers that you believe may be of interest to me. I understand that I may not receive information on the products or services of your affiliate and service suppliers that may be of value to me.

To use my Social Security Number for credit matching purposes. This will not affect the provision of services to which I already subscribe.

I understand that I can change my mind on these choices at any time.

\_\_\_\_\_ **(Initial)**

Signature

Name **(Please Print)**

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\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number

Account Number/Customer ID

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Please return the completed form to:

*(Enter the name of the person and address of the privacy office responsible for handling opt-out requests)*

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