

Opt Out Form for Sharing Personal Information

□ Do not share my personal information with nonaffiliates to market their products and services to me.

Primary Member Name: Account Number:

Address:

City, State, Zip Code:

Member Signature: Date Signed:

GHFCU Employee Name: Date Processed:

(One form required for each person opting-out)

Completed forms can be returned by fax, mail, or be hand delivered to one of our branches.

Georgia Heritage Federal Credit Union ● PO Box 1920 ● Savannah, GA 31402 ● Phone 912-236-4400 ● Fax (912) 629-4055

Opt-Out 2022

Last Revision Date 06/2019

Georgia Heritage
FEDERAL CREDIT UNION

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