

# Opt Out Request Form

I direct Capital Area FCU not to share my non-public personal information as set forth below (please check appropriate line(s):

\_\_\_\_\_ I direct Capital Area FCU not to share non-public personal information about me with **non-affiliated third parties**, except as provided by this Privacy policy.

\_\_\_\_\_ I direct Capital Area FCU not to share non-public personal information about me among its **affiliated companies**, except as provided by this privacy policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Account Number \_\_\_\_\_

**Please note:** If you establish a new relationship with Capital Area FCU after you submit this Opt Out request, you will receive another copy of our Privacy Policy and Opt Out form. If you wish to Opt Out in connection with the new relationship, you will need to submit another Opt Out request at that time.

**Return request to:**  
Capital Area FCU  
2010 North Belfast Ave.  
Augusta, ME 04330



We Do Business In Accordance With the  
Federal Fair Housing Law and the  
Equal Credit Opportunity Act

Rev. 9/09



This credit union is federally  
insured by the National  
Credit Union Administration