MAIL IN FORM

Mark any/all you want to limit:

- 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.

Name:_____

Address:_____

City, State, Zip_____

Account #: _____

MAIL TO:
Elliott Community Federal Credit Union
920 North Fourth Street
Jeannette PA 15644