



PRIVACY POLICY OPT-OUT REQUEST

To limit the disclosure of personal information as described in the Privacy Policy Notice, please complete this form and provide it to a Community Bank employee.

Name(s)

Social Security Number (s)

Address

City State Zip Code

Phone Number

Please allow approximately 10 business days from our receipt of this form for the change to become effective.

Any privacy instructions that you give us will remain in effect until you request a change.

Signature

Date

Signature

Date

FOR INTERNAL USE ONLY

System Updated by: _____ Date: _____

Change Verified by: _____ Date: _____