

**FIRST STATE BANK
CUSTOMER INFORMATION PRIVACY
OPT OUT ELECTION FORM**

CHECK YOUR OPT OUT SELECTIONS BELOW:

_____ Do not share information about my creditworthiness with your affiliates for everyday business purposes. This request shall remain in effect for the life of my account(s) unless I revoke it.

_____ Do not allow your affiliates to use my personal information to market to me. This request shall remain in effect for the life of my account(s) unless I revoke it.

Customer Name _____ CIF# _____

Customer Address _____

Customer SS# _____

Date _____ Customer Signature _____

Bank Use Only

Completed By _____ Office _____

Method Taken _____ Telephone _____ In Person _____

Route to Sam Weirich – Risk Officer