

**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 \_\_\_\_\_

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Bank Use Only

Completed By \_\_\_\_\_ Office \_\_\_\_\_

Method Taken \_\_\_\_\_ Telephone \_\_\_\_\_ In Person \_\_\_\_\_

Route to Pat Campbell – Information Security Officer