MAI	L - IN OPT OUT FORM
Mark	any/all you want to limit:
	Do not use my personal information to market to me.
	Do not share my personal information with other financial institutions to jointly market to me.
Nome	e
Naiii	<del></del>
Addr	ess
City	
State	/ZIP
Acco	unt #
Signa	nture
Com	plete, print and mail to:
	ed Heritage Credit Union Box 202020
	in, TX 78720