

La Joya Area Federal Credit Union Opt Out Response Please print this form, fill it out and fax to 956-581-9657

I am exercising my opt-out option as permitted by law.

| Last Name: | Middle Name: | |
|--|-----------------|------|
| First Name: | Account Number: | |
| (Note: Anyone listed on the account may elect to opt out on behalf of all account holders) | | |
| Please list any additional account numbers for which the opt out will apply | | |
| Additional Account 1: | | |
| Additional Account 2: | | |
| Additional Account 3: | | |
| All accounts on which I am listed | | |
| Signature: | Da | ate: |