

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:	Date:	