



Mail-in form to limit sharing of personal information with other financial institution for joint marketing:

Mail-in Form
Fill-in any or all information you want to limit:
Do not share my personal information with other financial institutions to jointly market to me.
Name: _____
Address: _____ _____
City, State, Zip code: _____
Account Number(s): _____ _____ _____
Signature: _____

Please mail form to:

Shore to Shore Community Federal Credit Union  
4550 Division  
Trenton, Michigan 48183

Please call 734-675-3100 if you have any questions or need more information: