

Opt Out Request



OPT OUT REQUEST FORM

I elect to opt out and instruct Safeway Los Angeles Federal Credit Union not to disclose any other nonpublic personal information about me to any third party. I understand that this election may affect the availability of information I receive about other financial products and services that may be of an interest to me in the future.

Name: _____

Address _____

City _____ State _____ Zip _____

Account No. _____

X _____
Signature

Upon completion, please return to: Safeway Los Angeles Federal Credit Union, P. O. Box 1108, Norwalk, CA 90651