

Personal Information Consent Form

I hereby authorize the Credit Union* and its affiliates to collect, use or disclose my personal information for the purposes that have been specified as part of this Agreement. I acknowledge that these purposes have been identified to me and that they include the purposes listed on this accompanying brochure as well as disclosure to the Co-operative Financial Services Group companies or other similar organizations for marketing purposes.

Name (please print) _____

E-Mail Address _____

Address _____

Signature _____

Date _____

Account Number _____

Preferred method of contact:

Telephone Number _____

Telephone

Direct mail

E-mail

It is our preference to obtain your written consent to use information for the purposes described above. However, in the event we do not obtain your consent in writing, we reserve the right to imply your consent for the specified purposes, until such time as you either provide further written consent, or limit or withdraw your consent (see the other side for Limiting of Consent Form).