



## Electronic Opt/Out Form

Mark any/all you want to limit:

Do not share my personal information with nonaffiliates to market their products and services to me.

Name	
Address	
City, State, Zip	
Account(s) #	

**NOTE:**

Please list all account numbers for which you want to limit sharing.

Email To:  
online@bankofwashington.com

Or Mail To:  
Bank of Washington  
Attn: Deposit Operations  
P.O. Box 377  
Washington, MO 63090