



# Roanoke Postal Employees' Federal Credit Union

Our Members. Our Strength. Our Future.

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## OPT Out Response Form

I am exercising my opt out option as permitted by law.

Name \_\_\_\_\_

(Note: Anyone listed on the account may elect to opt out on the account on behalf of all account holders.)

Account Number \_\_\_\_\_

Please list any additional account numbers for which the opt out will apply.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All accounts on which I am listed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this form to:

Roanoke Postal Employees' Federal Credit Union  
ATTN: Member Services  
P.O. Box 12405  
Roanoke, Virginia 24025

Or fax your opt out form to (540) 345-0500.