



Privacy Opt-Out Form

Alterna Savings Alterna Bank Both

Member / Client Information

Account number(s)
Please list all applicable account numbers for both organizations.

Name _____

Address _____

City _____ Province _____ Postal Code _____

Telephone Home _____ Work _____

Opt-Out Options

Direct Mail Telephone Statement Inserts E-mail

Note: With our current banking system, members/clients will not be able differentiate between the various opt-out options. Members/clients will not receive any information, except in those instances where we are under a legal obligation. With the introduction of new technology, we will endeavour to differentiate between the different communication channels.

Member / Client Signature

Employee Name _____	Branch _____
Employee Signature _____	Date _____
<i>Please send the completed form to the Compliance Manager.</i>	