

## Mail-In Form

<p><b>Leave Blank</b> <b>OR</b></p> <p>If you have a joint account, your choice(s) will apply to everyone on your account unless you mark below.</p> <p><input type="checkbox"/> Apply my choices only to me.</p>	<p><b>Mark any or all you want to limit:</b></p> <p><input type="checkbox"/> Do not share informaton about my creditworthiness with your affiliates for their everyday business purposes.</p> <p><input type="checkbox"/> Do not allow your affiliates to use my ppersonal informaton to market to me.</p> <p><input type="checkbox"/> Do not share my personal information with non-affiliates to market their products and services to me.</p>
Name:	
Address:	
Address 2:	
City, State, Zip:	
Account Number:	

### Mail Completed Form To:

AAA Northeast Bank  
 110 Royal Little Drive.  
 Providence, RI 02904  
 Attn: Legal Department