

OPT-OUT REQUEST FORM

NYBR honors your request to opt-out from sharing your personal information.

Check the boxes that apply to you:

Do not share information about me with companies in your corporate family from my credit reports, financial or personal information from my applications, or information from other sources.

Do not share information about me with unrelated companies or persons so that they may offer their products or services to me or for other purposes.

NAME

ADDRESS

CITY

STATE

ZIP

SIGNATURE

DATE

Telephone Number

*Please mail to: New York Bay Remittance
Compliance Department
61 Broadway, Suite 1050
New York, NY 10006*

Please allow a reasonable period of time (up to 90 days) for us to process your request.