



**Opt Out (How To Notify Us) Form
Complete and mail to:**

Matrix Financial Services Corporation
P.O. Box 35150
Phoenix, Arizona 85069-5150

- Please do not share my information with Matrix Financial affiliates, except as permitted by law. I understand that I may not be considered for special offers and services from the Matrix family of companies, such as special loan opportunities, lines of credit options and insurance services.
- Please do not share my information with unaffiliated third parties, except as permitted by law, as described in this brochure.

If you are printing out this form to fill in by hand, please write the information below as clearly as possible to allow us to process this request in a timely manner.

Account Holder A: Loan #

Name: _____

Address: _____

City: _____

State: _____ Zip: _____ Date: _____

Signature: _____

Soc.Sec.No. _____

Account Holder B: Loan #

Name: _____

Address: _____

City: _____

State: _____ Zip: _____ Date: _____

Signature: _____

Soc.Sec.No. _____

Please note: It may take several weeks to process your request.