

OPT OUT RESPONSE FORM

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

Name _____

(NOTE: Any one 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

Your signature _____

Date _____

FINANCIAL HORIZONS

C R E D I T U N I O N

Hawthorne - 895 Sierra Way P.O. Box 2288 Hawthorne, Nevada 89415 (775) 945-2421

Winnemucca - 311 Bridge St. Winnemucca, Nevada 89445 (775) 625-3700

Yerington - 201 N. Main Street Yerington, Nevada 89447(775) 463-7842

Fallon - 2711 Reno Hwy Fallon, Nevada 89406 (775) 428-6768

(866) 310-6999 www.fhcunv.org