



WITHDRAWAL OF CONSENT FORM

I, _____, withdraw my consent to Accent Credit
(Print Name)

Union to collect, use or disclose my personal information for the following purposes:

- to understand my needs;
- to determine the suitability of the products or services for me or my eligibility for products and services;
- to develop, offer and manage products and services to meet my needs;
- to provide ongoing service;
- Other (please specify) _____
- all purposes

I acknowledge that a reasonable time period may be required to process this request and to terminate any current use of my personal information for the stated purposes. I also acknowledge that my personal information may continue to be used or disclosed for purposes that have not been withdrawn, or where required for credit reporting, collection of overdue accounts, for security reasons, or as required by law.

As a result of withdrawing my consent for the above stated purposes, I acknowledge that Accent Credit Union may no longer be able to provide me with related products, service or information of value.

Signature _____

Date _____