

CENTRAL VERMONT MEDICAL CENTER, INC. CREDIT UNION

FISHER ROAD
P.O. BOX 547
BARRE, VERMONT 05641
(802) 371-4211
FAX (802) 371-5359

Website and Home Banking System users Disclosure – Opt-out

The Credit Union's privacy policy applies to all members of the credit union, including those who meet their banking needs using the Home Banking System. All members will be provided, or have access via this website, a copy of the credit union's privacy policy and the opportunity to opt-out of the disclosure non public personal information to nonaffiliated third parties.

We may disclose nonpublic personal information to the following types of third parties:

Non-financial third parties, such as account verification services or mercantile agencies, when disclosed in compliance with the Vermont and United States Fair Credit Reporting Acts;

A certified public accountant while auditing our records, or any person under our control helping us to maintain our records;

Insurance companies under rules of the State of Vermont;

To other nonaffiliated third parties as permitted by law.

If a member chooses to opt-out of information sharing, to the extent provided by law, with nonaffiliated third parties the member must complete this opt-out form and return it to the credit union. The member may submit the form via this website, or mail it to the Credit Union at the address provided below. No other means of notification of the choice to opt-out is acceptable to the credit union.

If you have a joint account, an opt-out instruction given by one owner of this account will affect all owners of this account.

If you wish to opt-out of disclosure of nonpublic personal information, you may do so by checking the applicable box below and submitting the request via this website or mailing the request to us at:

Central Vermont Medical Center Inc., Credit Union
Attn: Member Services
P. O. Box 547
Barre, VT 05641-0547

Do not share my nonpublic personal information, other than required by law, with nonaffiliated third parties, from this date forward, or until such time as I notify you to the contrary.

Signature _____

Name _____

Member Number _____ Account Number _____

Street Address _____

City, State, Zip Code _____